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NUMBER SECOND,

BEING  
**REMARKS**

ON THE

FIRST VOLUME

OF

MR. BENJAMIN BELL'S

SYSTEM OF SURGERY.

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Having now resolved to review the works of the Royal College of Surgeons, from the days of Penicuick to those of Jonathan Bell, from the Medical Essays down to the Yellow Fever, I have thought fit to adopt a motto in some degree expressive of the danger of my undertaking; and I applied to my friend SydropheLL for a translation.

Pinge duos angues: Pueri, facer est locus; extra  
Mejete.

Pifs not, rude boys, on sacred ground,  
Beware that deadly sin;  
Where serpents are the sign without,  
You'll guess what lurks within.

**SYDROPHELL.**

NUMBER SECOND,  
BEING  
REMARKS  
ON THE  
FIRST VOLUME  
OF  
MR. BENJAMIN BELL'S  
SYSTEM OF SURGERY.

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By JONATHAN DAWPLUCKER, Esq.

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Finge duos Angues. Pueri, sacer est locus: extra.  
Mejite.....

AGITATIONE PURGATUR.

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LONDON:

PRINTED IN THE YEAR MDCCXCIX.

NUMBER SECOND  
NUMBER SECOND

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R F M R



FIRST VOLUME

MR BENJAMIN BELL  
MR BENJAMIN BELL

SYSTEM OF SURVEYING  
SYSTEM OF SURVEYING

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ACTIVATION FUNDING

LONDON  
LONDON

PRINTED IN THE YEAR 1861  
PRINTED IN THE YEAR 1861

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## ADVERTISEMENT.

“ Now is the axe laid to the root of the trees, and every tree  
“ which bringeth not forth good fruit will be hewn down.”

### ERRATA.

- Page before the first, for *mejete*, *read mejite*.  
Preface, page vi, for *cogical*, *read logical*.  
Page 20, line 13, for *alteration*, *read alliteration*.  
Page 38, for *seriou*, *read serious*.  
Page 62, for *as your own charter*, *read our charter*.  
Page 86, for *curious nor rare*, *read strange nor rare*.  
Page 109, for *fasting*, *read a fast*.  
Page 143, for *nucleus*, *read nucleus*.  
Page 172, for “in proportion to his intelligence will his improvement  
be,” *read for in proportion to his intelligence will his amazement be*.  
Page 168, 8th line from the bottom, *delo so*,  
&c. &c. &c.

- No. 5. Letters on Medical Education.  
No. 6. A Review of Mr. Benjamin Bell's Book on the  
Venereal Disease.  
No. 7. Literary Anecdotes.  
No. 8. A Review of a System of Chemistry, translated  
from the French by \_\_\_\_\_ Soc: Je: Au-  
thors—Critics—Lecturers—Reviewers—Governors of So-  
cieties—Directors of the Consciences of Youth—Doctors  
in Phyfic and Physiolygy—and Doctors of the Modern  
S—E—NNE.

NUMBER SECOND  
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MR BENJAMIN PERKINS  
MR BENJAMIN PERKINS

SYSTEM OF SURGERY  
SYSTEM OF SURGERY

BY BENJAMIN PERKINS  
BY BENJAMIN PERKINS



LONDON  
LONDON

PRINTED IN THE YEAR MDCCLXXII  
PRINTED IN THE YEAR MDCCLXXII

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## ERRATA

Dauphine Rev

- Page before the first, for *mejets*, read *mejits*.
- Preface, page vi, for *cogical*, read *logical*.
- Page 20, line 13, for *alstetion*, read *alliteration*.
- Page 38, for *seriou*, read *serious*.
- Page 62, for *as your own charter*, read *our charter*.
- Page 86, for *curious nor rare*, read *strange nor rare*.
- Page 109, for *falling*, read *a fall*.
- Page 143, for *nucleus*, read *nucleus*.
- Page 172, for "in proportion to his intelligence will his improvement be," read *for in proportion to his intelligence will his amusement be*.
- Page 168, 8th line from the bottom, *ditto*,  
    &c. &c. &c.





## ADVERTISEMENT.

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“ Now is the axe laid to the root of the trees, and every tree  
“ which bringeth not forth good fruit will be hewn down.”

MAY it be allowable for the Author of these Criticisms to suppose the world anxious to know what future works he has projected.

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No. 6. A Review of Mr. Benjamin Bell's Book on the Venereal Disease.

No. 7. Literary Anecdotes.

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S—E—NNE.

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"This is the one which the root of the tree, and every tree  
which springs not from good fruit will be hewn down."

May it be allowable for the Author of this Collection  
to suppose you would wish to know what future works



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# DEDICATION

TO THE

AUTHOR OF THE SYSTEM OF SURGERY.

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Pone superbiam

Ne currente retro funis eat rota.

HONOURED SIR,

**T**H**E**RE are beauties in your works, which, though familiar to those of your own profession, the world has hitherto had no taste of. You must have felt very severely the hardship of being known only as a surgeon, when you are so well entitled to respect as a man of learning and science. My poor endeavours shall be no longer awanting to procure for you those homages from literary men, which you so well deserve.

It is the peculiar happiness of this city to be at once blest with two surgeons of such genius, that other cities in future ages will contend for the ho-

nour of their birth! their names “emblazoned together, shall form a new Gemini among the zodiacal signs, and be eternal as the sun and the moon, and the stars! while my poor labours shall be strewn with the *dust* of all the Capulets\*.”

The wild uncultured beauties which appear equally in the writings of both, are so evenly balanced, that in choosing which should be the subject of my eulogiums, I was at first perplexed, and am now almost ashamed of the choice I have made; I am sensible, that, without an apology, I dare not enter into your presence! the public would be surprised, and you would be justly offended with the slightest appearance of disrespect.

I am an author by trade, and the motto of our profession is well known, “Qui non laborat non manducat.” When existence depends thus on our exertions, we are entitled to use every fair means of ensuring success. I know too well the dangers

\* This figure I ventured to use in No. I. but I think I have greatly improved it now.—I owe this admirable joke, and a great many of the cogical jokes, to my friend Sydropell.

of trying the slippery path of public opinion, without precaution. When the Russian ventures upon dangerous ice, he yokes stout horses to the sledge, but he fastens to it with a long rope one silly horse, which goes on twenty paces or so before ; and if he plunges into a hole, the Boor cuts the rope, lets him go to the bottom at once, and turns round some other way. Mr. John Bell \* is my enfant perdu : He trots on bravely, and I drive along fearless and triumphant !!! Pardon this vanity, Honoured Sir, which your particular civilities have blown into me : You have so patronized my first Number, and the public have so praised it, that indeed I hardly know myself ; but this I cannot but know, that my heart ought to overflow with grateful feelings towards you for the countenance you have already given me. The opportunity of revising your writings, and of displaying all their rich and varied beauties, and this thrice happy occasion of dedicating to yourself ; which would in any

\* My First Number was dedicated to that illustrious author, and contains a critique of his Volume of Anatomy.

case have been a pleasure to me ! becomes now a mere offering of duty, homage, and gratitude, to my best patron and friend.

Be contented with what I have done, as I shall make you happy with what I am going to do ;—  
“ The worm I trode upon had nature in it, and it was timely crushed.” But now I return to you with a degree of pleasure which I do not know how to conceal ; and I here profess my contrition for having bestowed one moment upon a worm, a grub, a mere ephemeris ! an insect of the hour compared with you ! who are the Leviathan, the Bohemoth, the great feast preordained for the chosen people. Thou art the man of strength, whom we have kept in the dungeon until the rejoicing day, to be brought forth to make sport for the Lords of the Philistines.

That every one has his faults, is proverbially known ; and also that it is the duty of a friend to make a man sensible of them. Benjamin, hold up your head ; yours are few and venial ; fear not

that I will search into them rudely. When I try to open your eyes, you shall feel only the tickling of an experienced oculist, not the cruelty of a hardened surgeon. And as for your old wounds, I will not open them up again; I cannot even look upon them without pity and compassion! I see you have been already under rude hands. I know that man of blood who has used you so cruelly! The fellest of the fell! His surgery is of the old school; "Criticus, adfuetus urere, secare inclementer." He has not dissected you fairly for the benefit of others. He has not probed you quietly to find out your unsound parts. I perceive everywhere over your body, not the incisions of the scalpel, but the gashes of the tomohawk; a weapon which he flings with a force and dexterity which nothing but use and happy natural dispositions could give him. He seems to think with the Indians, that when he kills his opponent, he succeeds to his abilities! and knows, God help us, of no better way of getting at people's brains, than breaking their skulls.

But, as your friend, I rejoice in the steady cool-

ness with which you have borne his horse-furgery. His knife has followed his probe so quickly, that he has left not one hollow place without a gash. His cruelties are shocking. He has perforated your Thorax, blown up your Pericardium, turned out your Bowels, cut your Ilium open like a Dog's, thrust the ends of it one within the other like an opera glass, and sewed it after an ugly fashion. Your Spleen, your Pancreas, your Stomach, and Colon, he has tumbled about! not sparing even your Aorta and Thoracic Duct: He has flapped down your Scalp, trepanned your scull round and round! and committed upon you all the excesses and horrors of surgery\*. His peers, the butchers, if they could be impanelled upon a jury, could not acquit him of murder.

But while I lament over you, I must quarrel with you, that is, in a friendly way. When this bloody minded man troubled the College (of which you very naturally consider yourself and your copartners as constituting a majority, or at least a quo;

\* *Vide* Bell on Wounds, at which he is reckoned particularly expert.



rum, tres faciunt Collegium); when he began to disturb the College with his johnbellations †, why did you not let him go on quietly? I can assure you he is no more fit than yourself to institute a literary society, and far less to create one out of nothing! You should have let him "go on," and left it to me to show how much he is a dunce in science, a pretender in anatomy, a puppy in surgery, and a plagiarist in every thing. Was it wisely done to set your Hall on fire in order to drive out a few vermine? He, and those who have joined him, are a set of self-sufficient ignorant boys, not equal besides in number to the partners of your own firm. If they have contradicted you, it must have been from mere conceit, vanity and idleness! "They are idle, they are idle, and therefore do they say, Let us go to sacrifice to our gods."

Though I would befriend you, I cannot comfort you. You have really been imprudent. Johnson, the rugged Pyrrhus of literature, has observed, "That there is no amusement with which the pub-

† *Vide* No. I. *Passim*.

lic is so apt to be delighted as baiting an author, and the more, as he presents himself voluntarily to the stake." You have actually presented yourself to the stake; and if ever these barkers should gather to the sport! and you feel your round fat haunches gored! remember it was your own bellying that brought the hounds about you.

Do not despise these yelpers; though their snarling can never frighten you, their barking may disturb your rest. Nor do not look down upon them with contempt from that pinnacle of glory where you sit magnificently enthroned on ten editions of ten thick octavos. Remember that the pile upon which you sit so proudly consists of volumes, volumes consist of chapters; and if but one or two chapters were to be rudely torn out from one volume, the unevenness of that single volume might give a bias to the whole, and make it totter.

Pride is an unmanly passion; it hurts the truly great; it makes the little contemptible: Pride, like fear, draws a man into danger, "*pone superbiam.*" Your comforts are many; you have ac-

quired a great reputation, which the trivial criticisms of a half crown pamphlet will never tarnish. You are elevated to a line of practice, where, whirled along by the opinion of the day, you ride triumphantly among crowds of desperate and exasperated rivals. You have more solid comforts; you are the Grosphus of the day, and may exclaim with him of old, "*Mihi parva rura parca, non mendax dedit et malignum spernere vulgus;*" leaving it to your namesake to live by authorship, and to boast, with others of the tribe, "*Mea virtute me involvo probamque pauperiem, sine dote quæro.*" Perhaps the gentleman may find, in the end, that such wrappings are but cold clothing; but as for you, take the advice of a friend, which I hope is not too late, "Thank God, and sit quiet."

I am not insensible, Honoured Sir, that I am now entering upon an arduous task; and yet I have no doubt but that I shall be able to review the whole of your volumes with less trouble than I have had with this confounded job of Mr. John Bell's second volume of Anatomy. It was so diffi-

cult to pick out exactly such passages as I wished! there were so few words ill spelled! there was so little of the book his own, and so much of it compiled from the best authors; and although anatomy is the most stupifying thing on earth, "yet " I found the style so lively and entertaining, and " the whole book read so much like a romance \*," that I was a good deal at a loss how to proceed.

I proceeded, however, with all possible caution and diligence, and hit upon some tolerable inventions for fulfilling my purpose. I reviewed his volume of anatomy as if it had been a book of chemistry; his general histories as if they had been particular dissertations; and his physiology I criticised according to that most ingenious theorem in the Encyclopedia questions of Pantagruel. "*Utrum*, an elementary sentence, might allege a decennial prescription against amphibious animals; and *è contra*, the other respectively put in her petition in case of seizure and novelty." If I have not succeeded so entirely as I had reason to expect,

\* *Vide* No. I.

it is from the world having of late fallen back in learning: I fear indeed that liberal studies are much neglected, and readers now a-days think to distinguish good books from bad by the most fallacious of all tests, the evidence of their own untutored senses! without the smallest deference to the opinion of philosophers, physiologists, philologists, men of real learning and true scientific talent.

The study of anatomy I had unfortunately neglected altogether in my younger days. This, in our profession, is always a serious misfortune, and at my time of life it is an irreparable one. I resolved, in these delicate circumstances, to act prudently; and so I mentioned in the preface that "I should review that part of the volume some other time\*." How I could forget what I had so cunningly contrived, or what vain mischief-working devil put it in my head to meddle with the anatomy, God knows! but, by St. Patrick, I set to work with a thing I never intended to do, and blundering on-

\* *Vide* No. I.

wards, I forgot the difficulties of the business by struggling with them ; but after labouring in my vocation with all diligence, I declare to you, upon the word of a CHRISTIAN ! and A TRUE MAN ! I could discover *no single thing wrong*, except the supra scapular artery being *put right* \*.

Then, the worst of all was this, that as I knew nothing of anatomy but what I had actually learnt from Mr. Bell's book, and he never having mentioned Murray's Tables of the Blood Vessels, from which he has unquestionably taken his names and arrangements ; and there being no good natured friend to mention that book to me ; I unfortunately blundered upon the two commonest books of all, Haller and Sabatier, and accused Mr. Bell of taking his descriptions from books which could be of no use to him.

Now, since I am complaining to you of these disasters, I will e'en make an end of my narrative. Before this total wreck of reputation as an anatomist, I had laboured through a heavy sea of au-

\* *Vide* No. I.

thors, ancient and modern, not one of which had I ever seen before : I was actually, in order to make sure of spelling the titles and names correctly, obliged to read over the Bibliotheca Anatomica for the words Haller, Lancisi, Bartholine, Senac, Glyfson, Bidloo, Morgagni, Valsalva, Vieuffens, which the author always spelt Viuffens, and Erisistratus, which the author sometimes spells Erisstratus\* ; so that, to be plain with you, I was tired of a task for which I was so little prepared ; and the lassitude which fell upon me, in consequence of repeated disappointments and perpetual chagrin ! is the real cause of the whole pamphlet wanting that wit and spirit which I could so easily have given it. But in my present subject I shall feel none of these distresses. “ Difficile est satirum non scribere.” I shall have no lumbering folios, nor little filthy ill-shaped quartos to tumble over. You profane not the vaults of any of the Capulets. You have pillaged no libraries, but have prudently confined yourself to the three systems which immediately preceded your

\* Vide No. I.

own. You have stolen not a leaf here and there ; you have stolen bodily ! your venereal disease from Astruck, your surgery from Heister, your fibs from Garnegeot ; but your manner is all your own ! You are, indeed, so perfect in yourself, that it is not without regret I ever see you copying from others : You have no need to steal, no apology for stealing : besides, Sir, petty thefts are always unbecoming, and yours are really of an odious complexion. John Bell now, steals like a proud thief, from rich men only, as Morgagni, Sabatier, Valsalva. Let me tell you, Sir, there is an honesty in stealing ; and if a man must thief ! as most of us moderns need to do, he should aim at the character of a respectable thief.

This little work, Sir, will have its merit with literary men. To make the learned of other professions acquainted with the most extraordinary writers in ours, is to make a new alliance among the sciences ; and tedious as the task may be, I regard it as a public duty ; and I will boldly affirm, in the true Tipperary accent of the Author of the



Pursuits of Literature, that “ if I *had* any private end or malignity in any part of my work, I *would have* burned it *with* indignation (which I take to be a damnable kind of burning) *before* it had appeared.” My Numbers are increasing in size and reputation ; and I feel that my name becomes more important, and is in a manner called for by you and by the Public ; and fain would I indulge myself in the pleasure of disclosing it, for I feel all the little vanities of an author fluttering about my precordia. If I conceal my name when I am so strongly tempted, it is for much the same reason that the Chinese, when they sell the bird of Paradise, cut off its feet :—Even a bird of Paradise would be little prized, if it were known to have hopped about like other birds.

A pamphleteer without wit, is like a w——e without beauty ; wherefore I have thought fit to rouge over my natural paleness and poverty with quotations from others ; but you will have occasion to observe, that I never quote with such EFFECT as when I quote from myself. Pardon my vanity once more ;

for it is through your liberal approbation that I venture to express that opinion, which it is but too natural for every author to entertain : yet surely my first Number is no ordinary composition ! Allow me, honoured Sir, under this privilege of quoting from myself, to repeat to you the advice which I gave to your namesake Mr. John Bell in my first Number. I should have corrected the grammar of it but for want of time ; therefore, I pray you let it pass as it is. The advice is good in the main, though the language may be a little irregular in its modes and tenses. “ One thing “ you should particularly *aim at*—I mean—to be— “ attacked publicly by some eminent man (Jonathan Bell, for example), because you might then, “ with great propriety, cry out *persecution*. You “ *should*, therefore, attack the character of the most “ respectable *brethren* of the *same* profession *with* “ *yourself*. The farther your assertions *are* from the “ truth, the more apt *will* these respectable characters be to attack you ; and in *that case* you “ *would* gain your point \*.”

\* *Vide* Number I.

“ What do you think, *therefore*, of affirming, that  
 “ remarks have been written by some of *these me-*  
 “ *dical gentlemen* out of pure spite and ill-nature, in  
 “ ORDER TO tarnish those laurels which they could  
 “ not hinder you from obtaining, and to *diminish*  
 “ *that glory which they could not rival.*”

“ You *would* only have to represent their attack  
 “ as proceeding from envy *at* superior abilities and  
 “ skill, and from a desire of concealing from the  
 “ world your *merit*, which, if sufficiently known,  
 “ would destroy *themselves.*”—“ \* But, dear Sir, how  
 should I pretend to advise you in such matters !”

“ You are too *prudent*, too *good-natured*, to retort, and  
 “ too proud to spend *even a thought* on such poor crea-  
 “ tures † !” Do then be pleased to turn your whole  
 thoughts towards my necessitous situation ; it is but  
 to keep ourselves alive that we do “ such things as  
 make the prosperous men lift up their hands and  
 wonder who could do them.” When I consider  
 the natural liberality of your disposition, and the  
 opportunities you can command, I no longer doubt

\* *Vide* Number I.

† *Vide* Number I.

those various acts of generosity on your part, which friends have reported to me. You have found out such ingenious ways of promoting the circulation of my first Number, that your condescension in this respect is to me a stronger proof of your earnestness, than, even your incessant diligence, which the public has not failed to remark! and which it were very ungrateful in me not to acknowledge. Do not, kind Sir, withdraw your support from this second Number: Continue to honour me with the same patronage as at the first; and I your faithful creature shall ever pray, &c.

Being yours until

*Death do us part,*

JONATHAN DAWPLUCKER,



It is very natural for my readers to wish to know who my friend Sydrophell is, whom I mention so honourably on various occasions. He is my sure friend, a sincere and perfectly honest man, "Dignum est qui cum in tenebris micet." I cannot produce him in propria persona, but shall present his portrait, as it is touched off, by one who looked the court and city through, and drew a great many originals to the life.

To let our reader understand  
What's USEFUL of him before hand ;  
He had been long towards Mathematics,  
Optics, Philosophy, and Statics ;  
Magic, Horoscopy, Astrology,  
And was, old dog, at Physiology.

But as a dog that turns the spit,  
Bestirs himself, and plies his feet,  
To climb the wheel, but all in vain,  
His own weight brings him down again ;  
And still he's in the self same place,  
Where—at his setting out he was :  
So—in the circle of the arts,  
Did he advance his natural parts ;  
Till falling back, still for retreat,  
He fell to juggle, cant and ——.

It is very natural for my readers to wish to know who my friend is  
I mention to honorably on various occasions. He is  
"Dignity of the crown in  
I cannot predict his in private persons, but still pre-  
one who looked the court and city  
and drew a great many originals to the life.

To know what his  
What's nature of his before hand  
He had been long towards his  
Opera, Philosophy, and Satire  
Magic, History, Anatomy  
And was, and do, as I have

But as a dog that turns the top  
Dollis handle and gives his foot  
To climb the wheel, but all in vain  
His own weight brings him down again  
And all he's in the fall some place



He fell no juggler's cant and

## OF BLOOD-LETTING.

---

He hath bid me to a calf's head ; the which if I do not carve most curiously, say, my knife's naught.

GENTLE READER,

THOU art now going to enjoy the beauties of a book which has long been the admiration of professional men, and which has superseded all other surgical books. " It is the staff of Moses converted into a serpent, which has swallowed up the serpents of all the magicians who have thrown down the staff before him." This is the book which hath raised the author of it to the first rank in a learned profession, in a city famed for learning ! it hath been the only system of surgery for a long course of years ! To thee have I the pleasure of unfolding its various excellencies. Why should I tell thee of the elegance of the language. Of the deep solid reflections ; or of the mature and various learning of the author !—Gentle reader, read on !!!

" BLOOD-LETTING, whether we consider it as to its *influence on the system*, or with respect to the *niceness* and *even DIFFICULTY* in the *mode usually employed for effect-*

“ *ing* it, is perhaps one of the most *important* operations  
 “ in surgery. From being so frequently *put in practice*,  
 “ and from every *pretender* to any knowledge in the *heal-*  
 “ *ing art* being able to perform it without any apparent  
 “ difficulty, the public have been INDUCED to consider it  
 “ as *trivial* with *respect* to its *execution*; but every *practi-*  
 “ *tioner* of CHARACTER must acknowledge, that, in order to  
 “ perform this operation *properly*, the greatest *nicety*, *stead-*  
 “ *ness*, and EXACTNESS, are necessary. All the other ope-  
 “ rations in surgery I have frequently seen well performed;  
 “ but I can with freedom say, that I have seldom seen  
 “ *blood-letting with the lancet done very correctly*: When  
 “ properly performed, it is really a neat operation; but  
 “ *when not done* with much *exactness*, it is the very RE-  
 “ VERSE.”

“ It is not here *meant* to enter into the consideration  
 “ of the *various causes* which, in *different circumstances*,  
 “ point out the propriety of *abstracting* blood from the  
 “ system; nor is it intended to enter upon a *particular*  
 “ discussion of the *different effects* produced by *general* and  
 “ *topical* blood-letting: These *considerations*, as being high-  
 “ ly important, *would of themselves* extend to a very great  
 “ length; and besides, are of such a nature *as renders it*  
 “ impossible to enter *minutely* upon their discussion in any  
 “ *system* of surgery. All that is here intended, is to de-  
 “ scribe, as clearly as possible, the *various modes* of per-  
 “ forming the operation of blood-letting.”

“ In all *inflammatory affections* producing a general dis-  
 “ order of the system, the *method* of taking away blood,  
 “ as now *established* by IMMEMORIAL PRACTICE, is, by such





“ MEANS AS DISCHARGES the quantity to be taken in a  
 “ *short space of time, by an opening made with a lancet,*  
 “ either in an artery or in a vein. The latter of these  
 “ termed Phlebotomy, and the former Arteriotomy, are  
 “ the *means employed* for what we term *general blood-let-*  
 “ *ting* the *particular* consideration of which we shall pre-  
 “ sently attend to.”

If the peculiar beauties of this piece of composition, of this elegant peroration! were in danger of being lost, we should not be wanting in our duty; but would it not be an insult on any reader to point out the *niceness, neatness, steadiness, exactness, perfectness,* and propriety of the language? these, like all the other elegancies of this author, strike the eye of the most indifferent observer. I have seen by chance a gentleman, not of the medical profession, but, *notwithstanding,* somewhat of a scholar, take up one of our author's volumes in a careless way. But no sooner has his imagination been struck with the frequent repetition of certain magical words, which our author has great faith in, than I have observed his eye, glistening with curiosity and expectation, run rapidly along the page, as if with a desire to turn from it, and yet fixed to it as if by the fascination of a serpent; and after some murmurings of applause, he has asked in a voice half suppressed—labouring under all the anxiety of novelty and admiration, “ Are all your medical writers such masters of language and composition? I have heard of Mr. Benjamin Bell—pray is this his book?” Yes, Sir, it is, and I can assure you that this opening of the book is far from being fortunate for the author; there is not in all the volume one page, nor in all the system one volume, inferior to this! nor one volume, page, para-

graph, line, sentence, nor individual word even, in all the author's works, which has not its peculiar and appropriate beauties; and as you turn over his pages, you will everywhere find his abilities and good sense even to excel his taste! He is none of those who seduce you by fine words and smooth periods to read nonsense. In the passage above quoted, you cannot but admire the subtilty of his distinctions between the actual operation of Phlebotomy, and its influence over the system by the *abstraction* of blood; the depth and soundness of his judgment, in discovering the *importance* of a subject hitherto so much neglected; the extent of his genius in giving a due degree of *rank* to this, in the scale of his surgical operations; and you will no doubt be touched with the winning modesty with which he mentions, "that he has never seen this important operation properly performed, nor with sufficient nicety, steadiness, and exactness, except by himself!" How much then, must he be superior in other operations!?

Our author glides on from page to page, from paragraph to paragraph, in the same easy *flowing vein*; he spends a few of the following pages in giving the young surgeon some very judicious rules for placing his patient! for holding the arm steady while he is bleeding him! and also for obtaining an ingredient, very necessary or useful at least in every surgical operation, viz. FOR OBTAINING! DAY LIGHT IN PERFECTION!

"As the *situation* (i. e. the posture) of a patient during  
 "the operation of blood-letting, has a considerable *infl-*  
 "ence ON the *effects* produced by the evacuation upon the  
 "system, this circumstance THEREFORE merits our particu-  
 "lar attention.

“ The patient being properly seated, the next *step* in  
“ every operation of this kind must *therefore* be, by *means*  
“ of a *proper bandage* so to compress the vein intended  
“ to be opened, as to prevent the blood from returning  
“ to the heart; *and for the same reason*, an equal degree of  
“ pressure, *it is obvious*, ought to be applied to all the  
“ other veins of the part; *for, if this circumstance should*  
“ *not be attended to*, (Quer. Would it not rather be some-  
“ what difficult not to attend to it?) the communication  
“ preserved by the *collateral corresponding branches*, would  
“ render the pressure upon any one particular vein of very  
“ little importance. But, independent of *its* producing a  
“ more free discharge of blood than could be *otherwise ob-*  
“ *tained*, this pressure upon the veins, by *inducing* an ac-  
“ cumulation of their contents, *tends* to bring them more  
“ *evidently into view*, and *consequently renders it easier* for  
“ the operator to *effect* a proper opening than he would  
“ *otherwise find it.*”

“ While we thus, however, attend particularly to the  
“ posture of the *body at large*, the particular position of  
“ the *limb* or part to be *operated upon* must not be *neglect-*  
“ *ed*. In every operation it is a matter of much import-  
“ ance to have the patient *seated in a proper light*, but in  
“ none is it more material than in blood-letting. The  
“ best *general rule* that can be given upon this point is,  
“ that the patient *ought* to be so placed, as that the prin-  
“ cipal light of the *apartment* shall fall directly upon the  
“ part to be *operated upon*, so that the vein *to be opened*  
“ may be made as *apparent* as possible. When *clear day-*

“ *light* can be obtained, it ought to be *preferred* ; but  
 “ when *not to be had in perfection*, one or more candles  
 “ should be *bad recourse to*.”

Swift, in his College of Projectors, suggests that day-  
 light in perfection, which he calls sun-beams ; (and I sup-  
 pose the two authors mean pretty nearly the same thing),  
 may be obtained from cucumbers by distillation.

“ But, whatever may be the position of the *part to be*  
 “ *operated upon*, and whether the patient is to be placed *on*  
 “ *a bed or on a chair*, the surgeon ought always to be  
 “ *seated*. The operation may, *no doubt*, be done while  
 “ the surgeon is standing ; and it is most frequently *indeed*  
 “ performed *in this manner* : But it can never be done ei-  
 “ ther with such steadiness or neatness, as when the *opera-*  
 “ *tor is firmly seated on a chair*.”

Next comes the anatomy of the veins of the arm. Let  
 Dr. Monro look to it. He was Mr. Bell's teacher.

“ In *forming the choice* of a vein from whence blood is  
 “ to be taken, the *general rules* we have already laid down  
 “ upon this point, must be here *particularly* attended to.  
 “ That vein which appears most conspicuous, at the same  
 “ time that it *rolls least* under the skin, should in general be  
 “ *fixed upon* : but when AN ARTERY is found to lie immedi-  
 “ ately below, AND *quite contiguous to such a vein*, the ope-  
 “ rator, if he is not perfectly satisfied with his own stea-  
 “ diness, ought rather to take some *other*—(artery, does  
 “ he mean?) In general, however, the artery lies *so*  
 “ *low* in this place, that the median basilic vein, under  
 “ which it commonly runs, may be opened with perfect  
 “ safety ; and as this vein in *general appears* more conspi-

" *cuous* THAN ANY OF THE OTHERS, probably from the con-  
 " tinued pulsation of the artery below *obstructing in some*  
 " *measure the passage of its contents*, it is in this respect  
 " *therefore* more properly calculated for this operation  
 " than any of the *others*. *Other* circumstances occur too,  
 " which render the median basilic preferable to the ce-  
 " phalic or median cephalic veins for the operation of  
 " blood-letting. The former, viz. the median basilic, is  
 " less deeply covered with cellular substance, and by ly-  
 " ing towards the inner part of the arm it is *more thinly co-*  
 " *vered with the tendinous expansion of the biceps muscle, than*  
 " *either of the others*. From these *circumstances* the ope-  
 " ration is always attended with *less pain* when done in this  
 " vein, than in *any of the others*; and that consideration  
 " alone ought to have a good deal of influence in deter-  
 " mining the choice of an operator."

It is very commonly observed, that anatomy is perplex-  
 ing to beginners; but you, Mr. Bell, are an anatomist so  
 deeply versed in parts quite unknown to Dr. Monro (whom  
 you have libelled with a dedication, publicly accusing him  
 of being your teacher in anatomy), that you are able to  
 puzzle, not mere students, but those even who are anatomi-  
 mists by profession. You might dispute with Sheldon up-  
 on the anatomy of the knee joint, or with Monro upon the  
 anatomy of the bursa, or with your namesake Jonathan  
 on the anatomy of the supra scapular artery.

Where did you get this anatomy of the veins of the arm?  
 Where did you find veins above, and veins below the fascia?  
 veins much above the fascia? and veins more above the  
 fascia? Sir, you must tell! Besides, there is a theory here

concerning the great size of the basilic vein which the whole world will envy you : You must tell from whom you have stolen it. “ The morsel which thou hast eaten shalt thou vomit up again, and lose thy sweet words.”

We know that you surgeons of Edinburgh must be eminent anatomists. The reason is to be found in your Seal of Cause, your Charter, which was given you by James IV. of Scotland, himself a cunning leech ; of whom Pittscottie says “ there was no surgeon in the realm that used that craft but would take his advice.” It was by James that this celebrated college (this college ! *literatura, et experientia, proba institutione, et multis peregrinationibus exteris comparata nullis uspiam terrarum in ea arte cedens etiam quam celeberrimis \*!*) was endowed ; and in this Seal of Cause the King an Councile order that “ ye may have ance in the year a condemned man, after he be dead, to make anatomia of, quhairthrow ye may have experience ilk aue to instructed others, and ye shall doe suffrage for the faule †.”

It was three hundred years ago that the Royal College of Surgeons became thus careful about anatomy : Why then should we wonder to see Mr. Benjamin Bell teaching his discoveries in that science to all Europe ? for this dead body was given by King James in order “ that ye knaw anatomia, nature and complexions of man’s body, and likewise that ye knaw all the veins of the famen, that ye may make phlebotomia in due tyme.”

Mr. Bell is guilty, in the next paragraph, of a most unhandsome joke against the Germans, especially unbecoming

\* *Vide Seal of Cause.*

† *Vide Seal of Cause.*

in a grave man (for Mr. Bell is a grave man), and shocking in one who has copied all his books from worse than a German, from a Dutchman! from honest Laurence Heister!—Meaning to explain to his reader, that the Germans prefer an instrument somewhat like a horse-fleam to the lancet Mr. Bell signifies to us, with a knavish orthographical quaintness, which we thought him incapable of, that “the PHLEGM in many parts of Germany has *acquired* a great *reputation*.”

I was at first much at a loss how to conduct myself; I did not feel myself called upon, even under the sacred character of a true and impartial critic, to accuse my favourite author of a LESE-REPUTATION against his old master; but I found the same expression too often repeated to admit a doubt in what light I was to consider it\*. Indeed I have long suspected that Phlegm did some

\* “The PHLEGM, in many parts of Germany, has *acquired* some *reputation*, particularly in taking blood from the jugular vein: But there are various objections to the use of this instrument, which must undoubtedly prevent it from ever coming into general use; and these particularly are, that we are *obliged*, from *the nature of the instrument*, to regulate the deepness to *which it is to go*, before it is *applied*: Now we know well, that in blood-letting this is a circumstance we are never by any means certain of; for we frequently, after the introduction of a lancet, find it necessary to go much deeper than was at first expected; so that, when a PHLEGM is used, unless we employ *one on every occasion* of a length which cannot be *frequently required*, we must often *meet* with disappointments.

“But the most material objection to this instrument is, that where there are *arteries or other parts lying below the veins!* and in any danger of being hurt by the operation of blood-letting, the risk is much greater with the PHLEGM than with the lancet.

times acquire reputation; and I am well assured that Mr. Bell himself has long indulged a belief in this doctrine. If any proof of this were needed, I should refer my reader first to the frontispiece of Mr. Bell's System, which is an ideal drawing by a very celebrated artist of this city, Mr. Raeburn.—It is a FIGURATIVE REPRESENTATION OF PHLEGM fitting acquiring reputation\*! After he has perused that page I would refer him next to the preface, where Mr. Bell says, “*Anxious to avoid controversial writing, in which a full occupation of my time in what I judge to be MORE USEFUL pursuits does not permit me to engage, and to which my inclination is altogether ADVERSE, nothing shall tempt me to give way to it.*” And the courteous reader having studied that elegant text so far as to understand its meaning, I would transcribe another, but, alas! with grief and

“Independent of this too, by the use of the lancet, we have it much more in our power to *command an orifice* of a determined size than when the PHLEGM is used: So that, without hesitation, we may venture to pronounce the PHLEGM to be an instrument *in no degree necessary*; but for such as incline to use it, the most convenient form of one is represented in Plate III. fig. 2.

“The manner of using the PHLEGM is as follows. The bandage for *securing the turgescency of the veins* being applied,” &c.—This our author explains in favour of the young surgeon, lest, when he comes to be examined at Surgeons Hall, he should be as much puzzled as Roderic Random was with the Examiner's retort, “What, Sir! before you tie up the arm?”

\* I can tell you, Mr. Benjamin, neither you nor your namesake Jonathan, stand high upon Lavater's books, who says, in his Essay upon the temperaments, “You will risk nothing if you affirm of a man always ready to boil over, that he will never be susceptible of the real enthusiasm of genius.—Absolute phlegm, I admit! is not more favourable to it!”



vexation. "This remark," says this phlegmatic, "I am induced to suggest, from having been informed that some have written in such a manner on different parts of MY PUBLICATIONS, as if they wished, and expected, that I should reply to them.——Books of THIS DESCRIPTION, HOWEVER!!! I shall never read!!!" Will so proud, so great, so dignified, so magnanimous an author as this, condescend to look down upon a poor pamphleteer? Alas, my poor pamphlet will never reach the hand of this the greatest writer of the age: he may indeed be "informed of it;" but he whom the rude gashes of Jonathan the anatomical surgeon have not awakened from his settled phlegm, will never heed the nibbling bill of Jonathan Dawplucker, twitching a few straggling plumes from his glorious goose wing: Nevertheless will I adventure to pluck a few, and set them in my cap, not as trophies, but as favours, denoting my connection with this great man.—Yet surely there is in all this something which philosophy cannot explain. Is it not surprising! great as this author is, that he should be informed from time to time of such books as Dr. Beddoes', Mr. Earle's, Dr. Sheldon's, Mr. John Bell's, Don Antonio de Gimbernats!!! &c. without having the slightest desire to see them? How few people are there so strangely blown up with pride and phlegm as not to feel a public attack in some degree? How very few who would not like to know whether they were called blockhead only, or both rogue and blockhead?—and yet, as Sir Fretful Plagiary very feelingly observes, "There is always some damned—good-natured—friend! to tell one about these things."

The dangers of using a broad-shouldered lancet are such, as we are well assured no surgeon (Mr. Benjamin Bell

excepted), has the slightest conception of. The round-shouldered lancet absolutely makes a wound in the vein THREE TIMES AS LARGE as that in the skin; but as it is probable that many surgeons believe the skin to be too thin and too close upon the vein to allow of any perceptible difference (much less the difference of half an inch) betwixt the size of the two orifices (if there be indeed two orifices), we shall here state the fact in the words of one of the most celebrated surgeons in Europe.

“ The capital objection to this form of the round-shouldered lancet, is, that the broadness of its shoulders produces always a wound in the external teguments of *perhaps three times the size* of the opening made in the vein; a circumstance which *adds no advantage whatever to the operation*: On the contrary, it produces much unnecessary pain in the first instance; it renders it frequently a very difficult matter to *command a stoppage* of the blood; and the wounds produced by it are commonly so *extensive* as to render them very liable to terminate in partial suppurations, an *occurrence* which always *proves* painful and disagreeable to the patient.”

After a few pages employed in explaining the various lancets and PHLEGMS with which this important operation is to be performed, Mr. Bell proceeds to give the following *nice, neat, short, exact, correct, milliner-like* directions for holding the lancet.

“ The lancet being *bent* to somewhat more than right angles, the operator now takes it between the *finger and thumb of his right hand*; and, leaving at least one half of the blade uncovered, he rests his hand *on the middle fin-*

“ *ger, ring finger, and little finger, all placed as conveniently*  
 “ *as possible in the neighbourhood of the vein from whence*  
 “ *the blood is to be taken, and having pushed the point of*  
 “ *the instrument freely through the skin and teguments into*  
 “ *the vein, he now carries it forward in an oblique direction,*  
 “ *till the orifice is of the size he inclines to have it; tak-*  
 “ *ing care, during the time of pushing on the lancet, that*  
 “ *its point be kept in as straight a direction as possible, for*  
 “ *fear of dipping into the parts below.*”

“ *The instrument is now to be withdrawn, and the surgeon*  
 “ *removing the thumb of his left hand, is to allow the vein*  
 “ *to empty itself freely into the different cups previously pro-*  
 “ *vided for the purpose\*.*”

For the good of surgery, and the gratification of my  
 reader; for Mr. Bell's honour and my own exculpation,  
 I have continued his valuable text in the foot-note be-

\* “ But the material circumstance to be kept in view, is the direction of  
 “ the point of the lancet after it has got fairly into the vein. By almost  
 “ every author who has wrote upon blood-letting, *so soon as the lancet is*  
 “ *known to have got into the vein, in order to extend the orifice to a suf-*  
 “ *cient length, we are directed, very properly, to carry the instrument for-*  
 “ *ward. But in what manner are we desired to do so?*”

After three pages more about the imminent dangers of raising up the heel  
 of the lancet, we have the following beautiful conclusion: “ So that if ei-  
 “ ther an artery, nerve, or tendon, lie contiguous, they must of necessity  
 “ be wounded; and I am perfectly convinced, that this *cause alone* has  
 “ frequently been the *origin* both of wounded arteries, and of pricks in  
 “ the nerves and tendons. So that as the *hazard of the practice, whenever*  
 “ *it is attentively considered, must at once appear evident, and as the supposed*  
 “ *inconveniencies arising from a contrary mode of operating is effectually*  
 “ *prevented by the use of the spear pointed lancet, all such risks therefore*  
 “ *should be carefully avoided.*

low! without which, to serve as a running bass! my song would make but imperfect music. In those parts of the text my reader will find Mr. Benjamin Bell explaining "the *cause of the origin! of pricks of the nerves and tendons!*" talking most learnedly about "transfixing the veins,"—wounding the nerves," and "feeling for those dangerous nerves with the fingers;" explaining, by winks, and nods, and inuendos, in his own quiet way, "who is, and who is not possessed of a sufficient degree of steadiness to perform this operation;" explaining also, in a peculiarly impressive manner, "the acute pain,"—the "burning heat,"—"the sensation running up along the humerus;" the distress—the gangrenes—the convulsions—the locked jaw—and the fatal consequences which follow bleeding. He delivers a deeply interesting history of Mr. Hunter's doctrine of an inflamed vein: And he concludes this very cu-

"With respect to the size of orifice in *cases of blood-letting*, this circumstance must at all times be determined by the nature of the disorder for which the evacuation is prescribed."—"But in an operation of importance, every particular requires much attention. Now, one material use of the thumb placed below the part *where the lancet was directed to enter*," &c.

Let us close this section with a specimen of elegant and lucid description, and very impressive reasoning. It is a description of the consequences of this tendon, nerve, or any thing (we don't know what), which is in the arm, and is often coming in the way of the operator's lancet.

*Of Wounds or Pricks in the Nerves or Tendons.*

"Although the nerves, from the smallness of their size, cannot *previously be distinguished by the fingers*; yet, if sufficient attention be given to the direction of the point of the lancet, so as to *avoid with certainty* carrying the instrument through *the back part of the vein*, the

rious disquisition on wounded nerves, with a declaration of supremacy as self-important, intolerant, and tyrannical as a pope's bull; and all for nothing!! For Mr. Bell is so far from having any opinion concerning the cause of the dangerous symptoms which sometimes follow from bleeding in the arm, that he says, "There is great reason, however, to think, that in *different instances* the SAME TRAIN of symptoms *have* been induced by *different causes*; that in one instance a WOUNDED NERVE, and in another PRICKS of the TENDONS, have given *rise* to THEM." And then, in compliment to his own ingenuity, and to his own phlegm, he adds, "BEING DECIDEDLY of this opinion MYSELF!!! I think EVERY PERSON MUST BE SO. But as the same method of treatment proves equally applicable, whether the disease has proceeded from a wound of a *nerve*, or of a *ten-*

" same means which *tend* to secure the arteries and tendons, will with almost equal sureness *prove a safeguard* to the nerves: For, if the operator enters his lancet, as he ought always to do, *on the superior part of the vein*, and if he does not cut the vein entirely across, by pushing the lancet through to the opposite side of it, *he can never run any risk of wounding the contiguous nerves*; for the constant course of these nerves lying so near to the different veins, is, either immediately below the veins, or at least so *far down upon their sides* as to be out of all risk of being wounded, if the lancet is made to enter *where it ought to do*, and it must always be the surgeon's fault if the instrument is pushed *out at the opposite side of a vein*. I may venture to *assert*, that no inconvenience of this kind ever happens, from the wound made by a lancet in entering the *anterior part* of a vein: It is always on the *opposite side* of the vein that any mischief of this kind is produced, by the lancet, as we have already observed, being pushed entirely through; *a situation it ought never to be in*, AND which every surgeon OUGHT TO HAVE steadiness enough to prevent.

*don*, WE DO NOT think it necessary to enter here into a more minute discussion of the question !!!”

Here our author holes himself in his natural element, and we shall see no more of him! Having led us through this vast forest of tall and stately words (which, by the by, are all so similar to one another, that, like wild Indians, we are obliged to notch every stem and stump with the hatchet as we go along, in order to find the way back again), he carries us up to the mouth of his hole, and there he earths himself, and leaves us to stare about us.

But to leave off figures, let us be as careful as we ought to be not to lose the benefit of the many important lessons which these pages contain. We are taught,—first,—to try to distinguish the nerves with the fingers! the small nerves which go over the cutaneous veins! which are indeed so small that I shall give Dr. Monro, Mr. Benjamin Bell, Mr. John Bell, or any dissector, surgeon, or anatomist

“ But although a very ordinary degree of caution would easily prevent  
 “ every occurrence of *this nature*, and although, when *accidents of this kind*  
 “ do happen, the surgeon is almost in every *instance to blame*; yet experience has on *different occasions evinced*, that, either from the want of  
 “ attention, or from the *operator not being possessed* of a sufficient degree  
 “ of steadiness, however *easily such inconveniencies ought to be prevented*, yet  
 “ still they do frequently *occur*. Nerves, and *even tendons*, are sometimes  
 “ pricked, and the dreadful train of symptoms which such actions commonly produce are almost sure to *succeed*.

“ *It sometimes* happens immediately on the introduction of the lancet,  
 “ that the patient complains of a most exquisite degree of pain; and when  
 “ this *occurs*, we may rest assured that either a nerve OR TENDON has been  
 “ wounded. On some *occasions*, by proper management, such as evacuating a considerable quantity of blood at the *orifice newly made*, by  
 “ keeping the part at perfect rest, and preserving the patient in as *cool a*

among them all! six hours to make these dangerous nerves visible, even by dissection! deliberate dissection, in a dead body!

Secondly, We are taught to introduce our lancet on the superior part of the vein, lest we should be so stupid as to strike the vein through the elbow, and from behind.

Thirdly, We are taught, that these cutaneous nerves, (which are so named by anatomists because of their belonging to the skin immediately covering the veins), "lie either *entirely* behind the veins, or *far down upon their sides!* as if their sides were as steep as the Andes or Teneriff! and there were a day's travel from the region of the cutaneous nerves, to the summit. This is the anatomical description of nerves which wander irregularly across the face of all the veins, and which are wounded before the vein is touched; for such branches of these nerves as are hurt in bleeding, lie betwixt the veins and the skin.

Fourthly, We are taught, that a surgeon never can hurt

"*state* as possible, the pain at first complained of will gradually abate, and at last go off entirely without any bad consequence *whatever.*

"*At other times, however,* the pain which occurs instantaneously on the introduction of the lancet, instead of abating, *begins* soon to increase; a fullness, or small degree of swelling, takes place in the parts *contiguous* to the wound; the lips of the *fore* become somewhat hard and inflamed; and in the course of twenty-four hours *or so* from the operation, a thin watery serum begins to be discharged at the orifice.

"If, by the *means* employed, relief is not soon *obtained,* these symptoms generally continue in nearly the same state, for two, or perhaps three days longer. At this time the violent pain which at first *took place* becomes still more distressing, but instead of being *sharp and acute* as before, it is now attended with the sensation of a *burning heat,* which still

the arm, "if he does not entirely cut the vein across, by pushing the lancet through to the opposite side of it, he can never run any risk of wounding the contiguous nerve; a situation it ought never to be in." Let it be remembered, then, henceforward, that never, in the practice of Mr. Bell, shall the arm or ankle of man, woman, or child inflame! that would imply, that Mr. Bell had very clumsily transfixed the vein! a thing impossible in the practice of so *nice* an operator. As for other surgeons, to whom accidents of this kind are OCCURRING DAILY, they are without apology, or, at least, they must find out some other text, for their vindication than that of Mr. Benjamin Bell.

We are next informed, that when pain begins to be attended with a sensation of burning heat, it ceases to be *acute!* and that heat! burning heat at least! *is a source of distress:* and that, when this burning heat proceeds from BLEEDING IN THE ARM, it runs along the ARM!!! and that,

"goes on to increase, and *proves* during the whole course of the ailment a source of constant distress to the patient. The fullness and hardness in the lips of the wound *begin to increase*, and the swelling in the neighbouring parts gradually extends *over* the whole member; from the foot upwards *over* the thigh, when the operation has been done in the *lower extremity*; and from the elbow down the fore-arm, and *along the humerus over to the pectoral muscle and other contiguous parts*, when the accident has occurred at the usual place of blood-letting in the arm.

"Such instances indeed are not to be considered as frequent occurrences; but they happen often enough to convince us of the necessity of *very great caution in this operation*. In the course of my experience, I have known *several instances* where the consequences of blood-letting have prov-



when it happens from BLEEDING IN THE LEG, it runs up the LEG!!! but of this, however, we are not very sure. We are next informed, that there is great reason to believe, that in *different* instances the same train of symptoms have been induced by *different* causes; and that, in *one* instance, the wound of a Nerve (which is the chief instrument of sensation), and, in others, pricks of Tendons (which are declared to be parts totally void of sensibility), produce exactly the same symptoms!!!

We are told next, in very modest language (but, however, without entering into controversy!) that the author is decidedly of this opinion. "He thinks so!!! therefore every other person must surely be satisfied to think so, which renders it unnecessary to enter into disquisitions."

We are next told, though the symptoms are produced by the wounds of parts so opposite in their nature, that the same method of treatment must PROVE *equally applicable to*

"ed fatal, and the dreadful train of symptoms we have already enumerated uniformly occurred in all of them.

"Different opinions have prevailed respecting the cause of these symptoms: By some they have been imputed to wounds of the tendons; and by others the tendons are supposed to be so entirely destitute of sensibility, as to be quite INCAPABLE of producing so much distress; so that wounds of the nerves they consider in all such occasions as the true cause of the various symptoms we have mentioned.

"One or other of these ideas, continued to be the only source for explaining the various phenomena FOUND to OCCUR in this MALADY, till a different opinion was at last suggested by the ingenious Mr. John Hunter of London. Mr. Hunter supposes, that all the dreadful symptoms found now and then to be induced by the operation of blood-letting,

*both*, whether the disease has originated from the wound of a nerve, or the prick of a tendon!!!

This manner of writing is so convincing, and the language has so many seductions, that we cannot wonder at the book being universally admired. Through the first hundred pages our author is employed in explaining the importance of this great operation! the danger of it! the PHLEGMS, LANCETS, LIGATURES, LIGHT AND CANDLES, with which it is performed! the difficulty of performing it! the SPASMS, CONVULSIONS, GANGRENES, and what not, which follow!!! But this mock tragedy terminates in a scene truly bloody and tragical, which begins with the following most musical alteration: "It often happens, however!!!"

"It often *happens, however*, in this very alarming disorder, either from neglecting the *matter* altogether on the accident first happening, *as is too frequently the case*, or from an improper *subsequent* treatment by warm emollient applications, that opiates and all the other remedies enu-

"may be more readily accounted *for, from* an inflamed state of the internal surface of the vein, than from any other cause; yet I think we may very fairly conclude, that *it* COULD not probably, in any one instance, BE ABLE TO ACCOUNT WITH SATISFACTION for *their* first production."

"There is great reason, however, to think, that in different instances the *same train* of symptoms have been induced by *different causes*; that in *one* instance a wounded nerve, and in *other pricks of the tendons*, have given rise to them. Being *decidedly* of this opinion myself, *I think every person must be so*, who has paid much attention to the subject!!! but as the same method of treatment *proves* equally *applicable*, whether the disease has originated from the wound of a nerve or of a tendon, we do not think it necessary to enter here into a more minute discussion of the question."

merated are afterwards *had recourse to*, without any advantage whatever: The fever, pain, and swelling of the parts continuing, CONVULSIVE AFFECTIONS of the MUSCLES at last occur; all tending to indicate the most imminent danger!!!

In this situation of matters, if we have not immediate recourse to some effectual means, the patient will soon fall a victim to the disorder; and the only remedy from which, in these circumstances, much real advantage is to be expected, is a *free and extensive division* of the parts, in which the orifice producing all the mischief was at first made. We know well, from the repeated experience of ages!!! that much more pain and distress of every kind is commonly produced by the *partial* division either of a nerve or of a tendon, than from any of these parts being at once cut entirely across. Now, the intention of the operation, here recommended, is to produce a complete division of the nerve or tendon we suppose to have been wounded by the point of the lancet, and which we consider as the sole cause of all the subsequent distress.

As all the contiguous parts are now supposed to be much swelled, and in a state of high inflammation, it is impossible to get proper access either to the nerve or tendon, but by means of a large and extensive incision; and as this cannot be effected without some risk, of opening at least some large branches of arteries, the first step to be taken in this operation is, to secure the parts, against the effects of such an occurrence, by the application of the tourniquet on the superior part of the member!!!

This precaution is necessary, not only for guarding

" against the loss of blood which would ensue from a divi-  
 " sion of any of *the large arteries*, but for preventing inter-  
 " ruption during the operation, which would otherwise oc-  
 " cur from a constant discharge of blood from the *smaller*  
 " *vessels*. The tourniquet indeed is more particularly re-  
 " quisite with " a view to the prevention of this last incon-  
 " venience, than for any other reason; for although it is  
 " proper by means of it to guard against the effects to be  
 " expected from a division of any of the *large arteries*, yet  
 " with proper caution such an OCCURRENCE may in most  
 " cases be very easily avoided.

" The tourniquet, then, being properly applied, a *trans-*  
 " *verse* incision should be made with a common scalpel \*,  
 " upon the parts chiefly affected, and it ought to run in  
 " a DIRECTION EXACTLY ACROSS THE ORIGINAL ORIFICE IN  
 " THE VEIN.

" In every surgical operation, RASHNESS IS UNDOUBTEDLY  
 " IMPROPER, and is often *productive of* disagreeable conse-  
 " quences!!! but unnecessary caution, which almost con-  
 " stantly proceeds from the operator being INACCURATE  
 " and *confused in his ideas* of the *anatomy of the parts*, gene-  
 " rally produces such a degree of *timidity*, as *ultimately*  
 " proves more hurtful to the patient, than even an *un-*  
 " *usual* degree of *forwardness*; for in every operation  
 " where an incision is necessary, if the first *cut* is not made  
 " *fully sufficient* for the *intended* purpose, all the subsequent  
 " *steps* of it are commonly either much retarded, or per-  
 " haps rendered *entirely ineffectual*.

" The external teguments being thus freely divided,

\* For the most proper form of a scalpel, see Plate IV.

" the operator is now to proceed in a gradual manner,  
 " making one slight incision after another, *taking care, if*  
 " *possible, to avoid wounding either the larger arteries or*  
 " *veins* ; and he is to go on in this way, to endeavour to  
 " *detect the wounded nerve* ; or if there is no possibility of  
 " doing so, even by great caution and nicety in *wiping*  
 " *away WITH A SPUNGE EVERY PARTICLE OF BLOOD AS HE GOES*  
 " *ALONG !!!* he must *still continue to proceed in this slow gra-*  
 " *dual manner*, till he has divided every part between the  
 " SKIN AND PERIOSTEUM ! the tendons, larger arteries, and  
 " VEINS, EXCEPTED ! ! ! !

" At this time the tourniquet should be loosened ; and,  
 " in all *probability, the patient will be found to express much*  
 " *satisfaction at what has been done !!!* For, if the part is thus  
 " divided, which originally had been pricked by the lan-  
 " cet, and from whence all the *subsequent* distress proceeded,  
 " an immediate relief will *now* be obtained ! but on the  
 " contrary, if the pain still continues violent, we are *there-*  
 " *by rendered almost certain of the mischief lying altogether*  
 " in *one or other of the tendons !!!*

" An *accurate examination*, therefore, must now be  
 " made, by clearing the parts effectually with a sponge ;  
 " and *that tendon lying most contiguous to the vein in*  
 " which the orifice was made, will in all probability be  
 " found either *wounded*, or in an EVIDENT STATE OF  
 " INFLAMMATION !!! but at all events, whether any such  
 " appearances are detected or not, no hesitation whatever  
 " should occur as to the *propriety of dividing that tendon*  
 " which lies *most contiguous to the vein !!!* or if *two or even*  
 " *three tendinous* EXTREMITIES should happen to lie in the

“ way, and to be all therefore *equally liable to suspicion*, they  
 “ ought ALL undoubtedly to be *cut entirely across*; and  
 “ this being *properly effected*, it *will seldom occur* that much  
 “ relief is not immediately derived from it!!! And at any  
 “ rate, this *being done*, every attempt *will have been made*  
 “ from which we could expect any benefit to *arise*!!!

“ The remedy here *recommended*, if every *circumstance*  
 “ is not duly attended to, may probably be considered as  
 “ *severe*; for SUCH AN INCISION CARRIED TO SUCH A DEPTH,  
 “ must *no doubt* be attended with much pain; and the  
 “ *division of one or more tendons*!!! runs a *considerable risk*  
 “ of producing at least a partial lameness, and that too pro-  
 “ bably *for life*, of the *whole member*!!!

“ But, if we consider for a moment the importance  
 “ of the object in view, every consideration of this kind  
 “ must *immediately vanish*. It is not a trifling advan-  
 “ tage we are in *pursuit of*, nor can such a painful ope-  
 “ ration be ever with propriety *had recourse to* but from  
 “ real necessity. In the present instance, *however*, it is  
 “ clear that the patient's life is in all probability to  
 “ *depend on the event* of this operation; so that the most  
 “ *timid operator, if he is at all capable of reflection*!!! must  
 “ admit the *propriety of putting it in practice*; and from the  
 “ event of almost every case of this nature, that has once  
 “ advanced to the *length* for which we have recommended  
 “ the operation *in question*, it may *with great certainty be*  
 “ *pronounced*, that every patient in such circumstances is  
 “ in the *OUTMOST hazard* of his life! so that in such a de-  
 “ perate situation, no remedy *that affords any tolerable*  
 “ chance of a recovery, however *painful it may be*, can  
 “ WITH PROPRIETY BE CONDEMNED!!!

" There is *not* therefore a point in surgery that I am more  
 " *satisfied of*, than the propriety of such an operation in all  
 " such desperate cases as the one we have been *treating of!!!*  
 " but to *such* as have not *happened to meet with occurrences*  
 " of this nature, the remedy proposed will not only appear  
 " to be too *violent for the disease*, but they will also be in-  
 " duced to consider the length of discussion here gone into  
 " *to be* much more prolix than is necessary: *A single in-*  
 " *stance*, HOWEVER, of the dreadful symptoms *now and then*  
 " induced by accidents of *this kind*, will be fully sufficient  
 " to convince any man, that the subject *now* under confi-  
 " deration is perhaps *one of the most important in the depart-*  
 " *ment of surgery!!!*"

Perhaps there never was a writer so remarkable, as this  
 Mr. Bell, for fluttering round and round a subject. He  
 flutters a little while, seems to fly for a moment, grows  
 giddy, falls down, flutters again! and falls again! and a-  
 gain flutters, till he is quite exhausted. " He now to sense,  
 now nonsense leaning, means not, but blunders round a  
 meaning."

There is no stronger mark of ignorance in the medical  
 profession, and want of talents, than an affectation of mag-  
 nifying all the difficulties of it. Hearken to an anatomist!  
 and he would persuade you there were a convulsion in every  
 nerve! to a surgeon, and he would persuade you that no  
 man who had got a cut on the head could be saved with-  
 out the trepan! and to hear a certain accoucheur of my  
 acquaintance talk of accoucheurship! (which he is by no  
 means unwilling to do), you would be persuaded that a  
 woman could not be delivered without hooks and forceps,

and that all the people you do see in the streets came into the world with their feet foremost. But these are modest johnbellations \* compared with the lunacy that is so apparent all throughout this long chapter, where bleeding, which is performed by every boy and old midwife, is represented as the most formidable operation in surgery, and its consequences as more to be feared than the bite of the cobra di capella! where it is even affirmed that there is no cure, no possibility of being saved from this gnashing of teeth, and spasms, and gangrene! but by an operation worse than amputation, since it has all the pain of amputation, and since the arm "continues ever after to hang useless by the side."

This operation, which the author declares to be in his opinion the most necessary in all surgery, is, we will venture to say, the most unprecedented and extraordinary in all surgery; and from the screwing of the tourniquet to the final stroke, by which the amputation is completed, is a mere romance!! We stake our critical reputation upon the proving of this, point for point.

First a tourniquet is applied, which no man would think of using who meant to cut the tendons and nerves only, and who of course was desirous of feeling the pulsations of the artery, so as to avoid it. The young surgeon—for, God forgive us, it is to him all this is addressed—is directed to make an incision fairly across the bend of the arm; and yet he is desired "to avoid wounding either the great arteries or veins," as if it were possible to cut across the arm, without cutting across all the great superficial veins

\* I am still unwilling to forsake this favourite joke; though I begin now to fear, that, like Puff's morning gun, it has been too often fired off.



and the artery also, which is almost as superficial as the veins. How could an artery which is so often pricked with the lancet escape such an incision?

Thirdly, He is directed, in the midst of a bloody operation, to endeavour to *detect* the wounded nerve; a nerve which is itself too small to be easily seen even in dissection. The looking for the prick of the lancet in one of the cutaneous nerves, is completely ludicrous, and favours much of "inaccurate and confused ideas of the anatomy of the parts producing timidity which *ultimately* proves hurtful," &c.

Fourthly, We are informed, that "if an incision (none of your *nice, neat, careful, curious, correct, perfect incisions*, but an incision going to the bone!) has not given the patient perfect relief, and if the pain continue, we are rendered certain, or almost certain, of the mischief lying altogether in one or other of the tendons." "An accurate examination must therefore now be made, and THAT TENDON lying MOST CONTIGUOUS to the vein will in all probability be found either WOUNDED, or in an evident STATE OF INFLAMMATION!!!" This is a rule which every surgeon will subscribe to. If any surgeon ever find a tendon in an EVIDENT state of INFLAMMATION, let him cut it; for as the inflammation of a tendon is a thing quite unheard of hitherto, such inflamed tendon should be instantly cut across, nor allowed to remain one moment a reproach to operative surgery; and should the young surgeon, by the help of a microscope, *detect* a prick in the tendon! let him cut up the tendon! We subscribe to this rule also; because, if he do this only when he sees a wound in the tendon, he will seldom do harm.

Fifthly, We are told, "That at all events, no hesitation should occur as to the propriety of dividing the tendon which lies most contiguous to the vein; or if TWO or even THREE tendinous extremities should lie in the way, so as to be all, therefore, EQUALLY LIABLE TO SUSPICION, they ought ALL undoubtedly to be *cut entirely across*."

This rule also we subscribe to. *Cut every thing*; that is the sure way to relieve your patient! *Cut every thing across!* that is the best way of cutting. Cut the tendon that is nearest the vein, if you know it! (for hitherto anatomists have never mentioned more than ONE TENDON in the bend of the arm—or indeed within six inches of the bend of the arm). But most especially, as Mr. Bell observes, you are entitled to cut two, or even three tendons, if they should occur!! chiefly because! they have no business there.

Let us, in conclusion, sum up the cuts, or, as Mr. Benjamin calls them, the STEPS of this incision. You first apply a tourniquet, that the patient may not die when the artery is cut. You go on slowly, dividing every part *betwixt the skin* and the periosteum, the tendons, larger arteries, and nerves excepted. Now, I defy all the critics in the world to produce me a piece of more finished nonsense than this is. There is nothing *betwixt the skin* and the bone but tendons and blood vessels; one tendon, the tendon of the biceps; one muscle, the brachialis; one artery, the main artery of the arm, and all the veins, both external and internal: If you cut down to the periosteum, or, in other terms, to the bone, you cut them all: If you cut all that lies betwixt the skin and the periosteum, it is impos-

sible that the arm should live—you actually perform AM-  
PUTATION! The conclusion of all this nonsense is the  
only suitable one, “ That in all probability the patient  
“ will be found to express MUCH SATISFACTION at what  
“ is done !!!”

There is one virtue in you, Mr. Benjamin Bell, which I  
never suspected; you have the sense to be a Brunonian, and  
the honesty to acknowledge it: You are at the bottom now  
against blood-letting, are you not? You know that in nine  
of ten cases people bleed and blister, and vomit and purge,  
because they do not know what to do, and are ashamed to  
let the sick people alone: You are sensible that surgeons  
bleed always when they are in a hurry, and are sure to  
bleed when a man is in a fit, or in a faint: You know that  
at such time bleeding is not merely a harmless piece of San-  
gradoism, but is more likely to kill the patient than to save  
him: You have therefore written a long chapter, which, by  
men of education, will be looked upon as a fine piece of irony  
against “ *That injurious abstraction of the vital fluid, which is*  
*“ now established by immemorial practice !!!”* and very hap-  
py am I to see this immemorial practice so cunningly ridi-  
culed by a man of such authority in surgery as Mr. Bell!  
Now that I have had the good fortune to discover your real  
design, and this happy opportunity of explaining it, your  
manner of writing will have this double advantage, that  
while men of education, who understand what composi-  
tion is, will regard your chapter as a very finished piece  
of irony, the simple shop boys will read it as a literal  
and true representation of the dangers of that difficult and  
important operation of phlebotomy. Horror and confu-  
sion will be painted in every countenance! the appren-  
ti-

ces will look back with apprehension to the dangers they have escaped! and will make sincere vows for the future.

When I consider all circumstances, I must regard the chapter I have reviewed as—

AN ESSAY AGAINST BLOOD-LETTING;

where, what might have been mistaken for ignorance and folly, is consummate wisdom; where, in place of incorrect language and confused ideas, we have a vein of finer irony than Swift ever wrote! for his irony is so poorly managed, that you very generally perceive his meaning in the very title of it! But here is no bungling! the satire upon those who stick to the spasmodic doctrine of Cullen, the drenching diet of the Italian physicians, and the sanguinary practices of Sydenham! is so curiously wrapped up in mystic language, that no man has ever discovered the true intention of the chapter, except MYSELF!!! Pardon me, Generous Sir, stealing my little portion of literary fame from one who can so well afford to spare a great deal; for now I perceive,—and the whole world will acknowledge it, that—the MODERN PRACTICE OF PREVENTING the ABSTRACTION of the VITAL fluid, upon every TRIFFLING and ACCIDENTAL OCCURRENCE in *practice*, is entirely OWING TO, and PROCEEDING FROM, the VARIOUS WRITINGS of that eminent PRACTITIONER Mr. *Benjamin Bell*.

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## ON HERNIA.

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But, in these cases,

We still have judgment here ; that we but teach

Bloody instructions, which, being taught, return

To plague the inventor.

HONOURED SIR,

IN your last chapter, you have managed whatever knowledge you may be possessed of with a wonderful degree of economy. You regard us, perhaps, as little better than a horde of savages, ignorant not only of surgery, but even of bleeding, and phlegms, and lancets ; and, like the Abyfinian Bruce, when called to bleed and vomit the fifteen queens of Senaar, you make a great parade among us of a very little medical knowledge.

Though you are equally original on all subjects, your perverse genius shines chiefly in a sort of natural talent for the burlesque ; for, without labour or pains, you make the most trivial subjects ludicrously important, and the most important subjects, as Hernia, you make completely ludicrous. You contrive bloody operations for imaginary dangers, and make those operations bloody and horrible which

were not so before. You have the happy talent of treating the whole science in a style so incomprehensibly oracular, that no ordinary reader can guess at your meaning. Your words are so broken, bruised, dislocated, and distorted, that you seem to have exerted the whole force of your surgical abilities upon them. Ordinary students have no use for the reasoning faculty, which, considering to whom you write, is no small advantage. When they take up your books, they soon learn to lay by their wits, to overlook the matter, and to read straight forward, words—words—words.

## SECTION I.

*Of Hernia in general.*

“ THE term Hernia *might with propriety* be applied to every swelling occasioned by the *dislodgement* of parts from *those boundaries within which* in a state of health they *are contained*; but the general *acceptation* of the term, *implies* a tumour produced by the *protrusion* of some *part* or *parts* from the *cavity* of the *abdomen*.

“ The *parts* in which these swellings *usually appear*, are the groin, scrotum, labia pudendi, the upper and fore part of the thigh, the umbilicus, and in different points BETWEEN THE INTERSTICES of the abdominal muscles.

“ If the situation of such tumors be *various*, the viscera which produce them are *still more so!!!* instances having *occurred* of the stomach, uterus, liver, spleen, and blad-

“ der, being found to form their contents. But a part of  
 “ the intestinal canal, or a portion of the omentum, are  
 “ *from experience known* to be the most frequent *cause* of  
 “ their FORMATION!!!

“ On each side of the under part of the abdomen imme-  
 “ diately above the pubis, *two openings are met with* in  
 “ these tendons, *intended* for the passage of the spermatic  
 “ vessels in men, and for the ligaments of the womb in  
 “ women.

“ Although these *rings or openings* have been *commonly*  
 “ *described as passing through* not only the external oblique,  
 “ but the transversales and internal oblique muscles also ;  
 “ yet it is now certainly known, that it is in the tendinous  
 “ parts of the external oblique muscle only, that any such  
 “ opening *exists*.

“ From the inferior border of the tendinous part of the  
 “ external oblique muscle, *a detachment of fibres is sent off!!!*  
 “ which, after *affording* a firm covering to the *inguinal*  
 “ *glands!!!* ARE lost in the fascia lata of the thigh : And  
 “ the under edge of this tendon being folded inwards, ob-  
 “ tains the *appearance of a ligament.*”

Among the discoveries of the present century, we beg  
 leave to record the following description of a certain pro-  
 cess of the peritoneum, never heard of hitherto : Or rather  
 we recommend it to Dr. Monro to assimilate this with his  
 own invaluable discoveries, to print it in the next compact  
 folio he may have occasion to publish, and especially to be  
 careful to mark the date of it ;—for it is now a well known  
 fact, that discoveries, like wine, improve by long voyages or  
 long keeping. Let him mark it as the Romans did their

Falernian, with the second consulship of — — — — —  
 He owes this homage to—" the puller down and setter up  
 " of — — — ." Here I copy only the mere *non clare constat*  
 enunciation of the discovery, as it is expressed in the fol-  
 lowing paragraph, which the Professor may greatly im-  
 prove:

" Behind the peritoneum lies a quantity of loose cellular  
 " substance, by authors *commonly* termed its *appendix*. In  
 " some parts *this substance* is filled with *fat*; and in others  
 " it is empty, and can easily *be filled with air* !!! \*"

In the following passages we have a most disorderly ga-  
 thering of words—protruded intestines, swellings and stric-  
 tures, tumours and contents;—strangulations, constrictions,  
 relaxations, and rarefactions, and condensations;—and hot

† These, as we have already said, are the *usual SEATS* OF hernia; but  
 " it sometimes *happens*, that *parts* of the *viscera* are protruded *between the*  
 " *intersices* of the *different* muscles of the abdomen: These, however, are  
 " not *frequent occurrences*.

" In *whichever* of these *situations* a *protrusion* of any *portion* of the in-  
 " testines *occurs*, except in the case of the hernia congenita, as all the vis-  
 " cera *are contained in the manner already described* within the peritoneum, a  
 " portion of that membrane, *it is evident*, must be carried down together  
 " with the parts *protruded*; and in *every such instance*, it is *this portion* of  
 " the peritoneum which *goes down along with the gut* that is termed the  
 " Hernial Sac. The size of this sac is various in *DIFFERENT SUBJECTS*,  
 " and in *different stages* of the same *disorder*.

" On the first appearance of the disease, the sac is commonly of *no very*  
 " *considerable size*, as such swellings seldom acquire any *great bulk at once*:  
 " But by repeated *descents* of the bowels, the sac comes to be pushed *lower*  
 " and *lower*, till in some instances *its bulk* becomes very *considerable indeed*;  
 " and when in this *advanced period* of the disorder the *sac happens to be*  
 " *laid open*, it is found to contain *either large quantities of omentum or*  
 " *intestine, and frequently large portions of each.*"



and cold, and poultices, and ice and snow :—Observations, and experience, and suppositions ; and theory, and practice !!! all hurrying about like slaves at the bidding of their lord ;—or, rather, like hounds at fault, with a bad huntsman at their head, yelping and hunting about for the game, which they frighten with their senseless noise.

“ *Whoever attentively considers the nature of these disorders, and the means generally found most effectual in relieving them, will probably coincide with us, in imputing the bad symptoms which occur in cases of hernia, to a stricture induced upon the protruded parts!!! By many, however, a contrary opinion has been inculcated ; and the principal cause of the various symptoms which occur here, has been supposed to be, inflammation, or some spasmodic affection of the protruded parts, independent of any stricture of the parts through which these have passed\*.*”

\* “ That inflammation of the prolapsed bowels, whatever may originally have produced it, will in general terminate in all the symptoms of strangulated hernia, *no person will deny ;* but that stricture of the surrounding tendons is by much the most frequent cause of them, *we think so very obvious, as to render it quite unnecessary here to adduce any arguments in support of the opinion : This, however, we must remark, that even on the supposition of the origin of all the mischief lying in the protruded parts THEMSELVES, and not in any stricture of those through which they pass, still the impropriety of warm applications must be equally obvious, as by the rarefaction they induce, they must always tend to produce an additional degree of swelling in the contents of the hernial tumour.*

“ The general warm bath, by tending to relax the constriction on the protruded intestines, has frequently had a considerable influence in promoting their replacement ; but poultices, and other means of applying local heat to the swelled parts, although commonly employed, are undoubtedly very preju-

Having run through this extensive shoal of words! let us now inspect our LOG-BOOK, or journal of observations, made during the passage: First, We have a definition of hernia, "The dislodgment of parts from those boundaries in which they are contained," so grandly metaphorical, that we do not know how to express our admiration of it—it is even glorious—it sounds like—the dislodging of Jourdan from his lines. Next comes a perspicuous and elaborate description of "The RINGS OR OPENINGS! PASSING through the oblique muscles," and "Of the spermatic cord again in its turn passing through the rings," and "Of the DETACHMENT of fibres sent down from the rings," which is meant, no doubt, to make up the simile (for the metaphor is now blown up into a simile), of a detachment, like a serjeant's guard, sent down to keep the ring or gate

*dicial.* On the constricted tendon they can have no influence, for it always lies *so deep as to be out of the reach* of every local application of this nature: And as the heat conveyed by such remedies, *must for certain tend to rarefy* the contents of such swellings, by *their thus producing an increase of size* in the tumours to which they are applied, instead of answering any good purpose, *on this principle it is evident they must do harm*; and accordingly, whoever will attentively observe their effects, will find this to be the case.

*Independent, however, of any theoretical reasoning, I can with certainty aver, that in practice, much more advantage is obtained* in disorders of this kind, from cooling applications, than from *those* of an opposite nature. In *different instances* I have ventured on the application of ice and snow, sometimes with evident advantage, and I never saw them do harm.

"When no probability remain of success from the employment of the means already mentioned, the division of the parts producing the stricture is then our only resource."

of the abdominal viscera: and this must surely be for  
 " the PREVENTION OF FUTURE DESCENTS \*."

Then we have descriptions of various other herniæ, as ventral hernia, or hernia in the middle of the belly, " proceeding from *parts* of the *viscera!* being protruded in *different* points *between* the *interstices* of the *different* muscles of the abdomen." And we have a discovery which Mr. Bell's old master, Dr. Monro, will certainly steal from him one day or other, if he do not mind his dates! we mean, the discovery of the *thing* " which anatomists commonly " term the APPENDIX of the PERITONEUM!" We have, next, a clear, distinct, and very interesting explanation of the HERNIARY SAC! the HERNIA CONGENITA! the nature of THE STRANGULATION! viz. " that it arises merely from the constriction of the ring!" and we have a profoundly philosophical disquisition on the effects of HEAT, and COLD, and POULTICES, and SNOW, and of many things which our philosophy cannot explain; and we are now assured of the heat and cold of poultices affecting both the tumour, and the winds which are contained within the tumour! without affecting the ring of the abdominal muscles, by which the tumour is embraced and strangulated. We have, in short, a body of pathology on the subject of hernia which Richter might envy! and John Bell steal! and Monro claim! and Dawplucker record.

I perceive, Honoured Sir, that you have abilities far superior to the task you have undertaken: You call this theoretical reasoning, and no wonder you despise it: You mean to persuade others that theory is useless, and no

\* *Vide* page 293.

question, you will succeed; for you have affirmed, that animal heat, which we find invariably the same in all circumstances, whether in Prim Blagdens, beef-baking, hot bath; or in Siberian deserts! in the cold, or in the hot fit of a fever! in inflammations, or in palsies! This heat, which philosophers have never been able to raise or depress more than six or eight degrees! (the body being alive,) you, Mr. Benjamin Bell, can so raise or depress, by a little cold water or a bread poultice applied to the scrotum, as to rarify or CONDENSE the AIR WITHIN the HERNIA!!!

When your namesake Jonathan Bell wished to ridicule the plates of Eustachius (which you and I and the whole world admire), why, Sir, he had so little reverence for public opinion, as to compare "the drawings of the kidneys with BUTTER PRINTS," and the heart, and all its inner works of columnæ carneæ, and Eustachian valves, "with PATENT WASHING MACHINES!" When the celebrated Dr. Hunter ridiculed the old phisiologists, he compared their notions of the heart and of the stomach "with STEWING POTS and STEAM ENGINES." But you, Sir, have contrived to outdo all ludicrous comparisons by your serious one,—of resembling a strangulated hernia to a GLASS CRACKER!!! which witty imagination gives you infinite advantages in proving! that THEORY, and all these sort of things,—should be—EXPLODED!!!

## SECTION II.

*Of the MANNER of REDUCING HERNIA, or "of reducing the protruded parts without the INTERVENTION of INCISION."*

" Various methods have been attempted by practitioners for the removal of stricture in these disorders ; ALL of THEM, however, may be comprehended under two general heads.

" I. Such as effect a reduction of the protruded parts, without the interposition of incision, or any chirurgical operation properly so called ; and,

" II. A division of the parts producing the stricture, so as to admit of a replacement of the deranged viscera, constituting what is termed the Operation for the Hernia.

" The remedies to be employed for accomplishing the first of these, are, a proper posture of the patient, with the manual assistance of a practitioner ; blood-letting ; stimulating glysters ; opiates ; the warm bath ; and proper applications to the tumor itself.

" So soon as the assistance of a practitioner is desired for the removal of symptoms ! in cases of hernia, the first circumstance requiring his attention, is, the placing his patient in such a posture as will most probably favour the return of the protruded parts !!! Thus, when the tumor is in the groin, or in the fore part of the thigh, the patient ought

“ to be so placed, as to raise *his thigh and legs* considerably  
 “ higher than *his head and trunk* ; THAT IS, he should be  
 “ placed almost *perpendicularly upon his HEAD*.

“ *This position causes almost the whole quantity of intestines*  
 “ to HANG OR SWING by the *protruded parts*, which fre-  
 “ quently proves a means of effecting their reduction.  
 “ Placing the patient's feet over the *shoulders of another*  
 “ *person, while at the same time his body is allowed to hang*  
 “ *downwards*, and causing him in this posture to *be a good*  
 “ *deal jolted about*, has on some occasions been known to  
 “ answer when *every other means* has been tried in vain.

“ For the same reason that in the inguinal and femoral  
 “ hernia the position now mentioned is more advisable  
 “ than any other, the usual erect posture of the body be-  
 “ comes most proper in cases of *exomphalus* or *umbilical*  
 “ *rupture* ; and again, a horizontal posture is most likely to  
 “ prove serviceable in cases of *ventral hernia*.

“ *While the patient thus remains in the most suitable pos-*  
 “ *ture according to the seat of the disorder*, the surgeon  
 “ should at the same time endeavour to assist the return of  
 “ the gut or other parts, *by means of gentle pressure* with  
 “ *his hands—and—fingers.*”

These prudent and judicious directions—honoured Sir—  
 for reducing hernia are absolutely invaluable. We know  
 of no book where so much is written on this subject, and  
 there is absolutely none where the same directions are  
 given. But while the young surgeon must feel himself in-  
 finitely indebted to you for the *minuteness* of these direc-  
 tions, there are perhaps a few particulars forgotten, and  
 some things which will admit of improvement.

Nothing can be more agreeable than to see a man of your extensive knowledge condescending to the most trivial things: How kindly attentive, for example, how condescendingly mindful are you of the young surgeon's ignorance, when you direct him to place the feet of his patient, not over his own shoulders, nor over the patient's shoulders, but "over the shoulders of another person?" for had he attempted to put them over the patient's shoulders! it is very obvious, that, in Hernia especially, *ill consequences might have occurred*; and had the surgeon put the patient's legs over his own shoulders! he *would have been obviously embarrassed by it!!!*

You are so condescending as to illustrate this point still farther, and to do away all ambiguity, by directing "that the patient should be placed almost perpendicularly upon his head!!!" It is on the subject of this, the most decided of all your directions, that we are impatient to suggest some improvements, not mere conceits of our own, but practices of the most ancient and respectable surgeons both of Europe and of Arabia, now unhappily forgotten, or at least disused.—It is very obvious that the chief difficulty lies in keeping the patient "perpendicularly on the crown of his head," and in "causing him to be a good deal jolted about in this posture." Now these objects are *both* accomplished by the Arabian method; for the Arabians tied the patient by the neck and heels to a ladder; then they set the ladder upright!!! by which *ingenious* contrivance this great object was achieved. The man was fixed upon the ladder with his head downwards, like the tutelary faint of Scotland on his cross, praying for his ene-

mies ; and the jolting was accomplished by two good stout fellows taking the ladder by the two sides, and stamping about with it through the court yard, giving the sick man now and then a dash of water, fresh from the pump, to keep him cool.

This contrivance will never fail the surgeon in time of need, for a ladder is always at hand ; and this posture manifestly “ causes almost the whole quantity of intestines to hang or swing by the protruded parts.” Celsus was in the custom of SHAKING ! not only till the guts went back into the belly, but till the several turns subsided into their proper places, and were quite friendly and comfortable with one another ! “ He shook till they were friends.”—“ *Repositis omnibus leviter homo concutiendus est, quo fit, ut per se singula intestina in suas sedes deducantur, et in his confident.*” Celsus, Cap. XVI.

But an ingenious surgeon will never be at a loss, especially if he be as well acquainted, as you seem to be, with physics, and all those resources which science affords. The hernia we are to reduce is supposed to be in the groin. The point is, “ to make almost the whole intestines swing “ or hang by the protruded parts.” How would it do to fix the patient to the arm of a windmill ? The whirling would so affect his nervous system, as to blunt the painful sensations more effectually, perhaps, than Moore’s instrument for compressing the sciatic nerve. If he were tied near the extremity of the sail, the velocity of his motion would be proportionably great ; and the centrifugal force being proportioned to the velocity, he would, while he were at the bottom of his round, “ have the in-



testines hanging and swinging by their own weight;” and even when he were at the top of his round, the centrifugal force would still operate! Besides, who can pretend to calculate the force of the air condensed against his body in this rapid motion? It *might* be as surprising as that of the wind of a cannon ball!—In this country, where the only objection to windmills is their driving too fast, we should seldom be twenty-four hours without weather favourable for the reduction of herniæ. The patient might whistle when he felt the bowels reduced, or when he wanted to be taken off. One good consequence I should expect from this invention, is, that as herniæ return very frequently, patients would soon learn a sort of feat! and would be able to take hold of the arm of the windmill whenever occasion required! make a turn or two in the air! and step down again upon terra firma. We might invent a swinging girdle for beginners, like that which the Mexicans use when they take the amusement of the FLYING TREE\*; and would you condescend to honour *your* ever obedient Dawplucker with *your* patronage, he might obtain a patent for the girdle, and—FLYING FOR HERNIA! become as common as SWINGING FOR THE CONSUMPTION!!!

But, Sir, we are not so full of our own conceits as to forget your very sensible observation, that each particular hernia should have its peculiar posture for shaking in! for that rule “is *obviously founded on the employment of such reasoning as experience and common sense seem evidently to support.*”—The windmill is admirably adapted to hernia in the groin.—The ladder! is manifestly a method fit for reducing all

\* *Vide* History of Mexico, translated from the Italian by Mr. Cullen.

kinds of herniæ; for with it you have the man so fixed, that you can turn him as easily as if you had him on a fork. Yet we will acknowledge that there are other difficulties, because there are various herniæ. Indeed you yourself very prettily observe, "that a *horizontal posture* is most likely to prove *serviceable* in *ventral hernia*,"—and that "again the usual posture of the body *becomes* more proper in *examphalos* or *umbilical rupture*."—For shaking in the horizontal posture, certainly nothing could be equal to—~~POSSING~~ IN A BLANKET! which would "suit, not ventral hernia only, but be of universal application!" The patient "might not only *remain* in the most suitable posture, according to the nature of the disorder," but be *shaken* in every possible posture, whatever the nature or seat of the disorder!!! And as for the Examphalos, or Umbilical rupture, where the usual posture of the body "becomes most proper,"—the only way to have the patient effectually shaken, would be—to get A PIPE AND TABOR, and let him DANCE THE TARANTULA!!!

### SECTION III.

*Of the Critical Moment in which this Operation should be performed.*

LIKE a writer well skilled in dramatic effect, when about to bring forward the catastrophe of your piece, you do it with becoming dignity. Death is accompanied with all his pomp of horrors. You describe the gangrene which precedes death in a very affecting manner.

“ If the protruded parts have *not of themselves gone entirely up*, their *return* is now in general *easily effected* by a *small degree of pressure*, and the patient then discharges *freely by stool*; but the cold sweats increasing, the *hick-up turns* more violent, and *death itself* is at last *ushered in* by—(the usher of the black rod, no doubt! and) by its *usual forerunners*, *subfultus tendinum*, and *other convulsive twitchings*.”

But when you proceed to represent that critical moment in which you are to forsake all hopes of saving the patient, and to propose to his friends the most doubtful and cruel operation in surgery! that operation which must decide the existence of the patient! you speak with so much decision, and your opinion, though thus determined and resolute, is yet urged with so much good sense, humanity, and real feeling!—gentleness and manliness are so commingled!—that we know not which most to admire. After reading the following passages, the young surgeon will not go fearfully to this terrible work, but strengthened with all your natural sense! and dear experience! will say within himself, I TRUST I HAVE A GOOD CONSCIENCE!

“ This, *it may be remarked*, is one of the *nicest points* in practice that a surgeon has *ever to determine upon*: I mean the *exact period* at which, in cases of hernia, the *more gentle means* should be laid aside, and the *operation be put in practice*.

“ But we ought to be *directed here*, as in every *critical case* we are *employed in*! by the *result of experience only*!

“ This operation, *as is the case indeed* with every other *of equal importance*! is *no doubt* attended with *some ba-*

“ zard ! but the *danger accruing from it* has by most *prac-*  
 “ *titioners* been MORE *magnified* than it ought to be : For  
 “ although no person of character *can* in any case of hernia  
 “ *be supposed to have recourse to it!* before other *means* have  
 “ been *tried* ; yet, so far as *from experience* I am able to  
 “ *judge*, the *risk attending the disorder itself* when the ope-  
 “ *ration is long delayed*, is infinitely greater than is com-  
 “ *monly experienced from the effects of the operation con-*  
 “ *sidered abstractedly.*”

I cannot but admire here, gentle reader, how curiously Benjamin proves, first, what it is that constitutes the importance ! of every operation, viz. “ The hazard,” and how he proves (“ by applying this to every case of equal importance”) that ALL GREAT OPERATIONS “ are hazardous,” and next, how he proves that it is dangerous to consider an operation like this ! abstractedly. Ah ! Benjamin, Benjamin ! leave off abstract subjects, keep to that good rule which you have laid down for yourself in your preface ;—always when the clouds gather around you, look back into the Binacle (into the Preface I mean) where you have placed the compass by which you are to steer this stately ship of yours. In your Preface we find the following precious maxims on record.

“ Were I to endeavour to trace the successive improve-  
 “ ments which have been made in surgery within these  
 “ last *fifty or sixty years*, I should often find it *difficult*, and  
 “ sometimes *impossible*, to determine *by whom* the practice,  
 “ as it was established, *was introduced* ; and in order to give  
 “ a fair account of the progress of the *different operations*  
 “ of surgery from their *rude* to their *improved* state, I  
 “ should be under the necessity of entering into a *full*

“ *chronological history of each.* While inquiries of this kind  
 “ could serve no useful purpose, they would *tend to render*  
 “ more *prolix* a work which, from the variety of its sub-  
 “ jects, must necessarily extend to a great length. I shall  
 “ therefore in general *decline them.*”

“ *Such* of my readers as are fond of theoretical disquifi-  
 “ tions, will, I am afraid, be frequently disappointed,  
 “ *When the subject under consideration* can be rendered more  
 “ clear and intelligible by it, I have occasionally employ-  
 “ ed such reasoning as *experience and common sense seem*  
 “ *evidently to support!* but I have every where studiously  
 “ guarded against entering on the discussion of doubtful  
 “ and speculative opinions.”

This is the true card for you to sail by. Never go so far back as fifty or sixty years in the history of your profession;—it is useless and troublesome. Never pretend to deliver the history of any operation; that might also, in various ways, involve you in trouble. Never meddle with chronologies and dates of discoveries;—leave that to professors and discoverers, who have an interest in dates, and who take annual sureties of their friends for the discoveries of the season as regularly as Lords lift their rents. Never enter into inquiries;—they are the most puzzling and perplexing things in the world: And, finally, never *employ any reasoning* but which *experience and common sense* SEEM EVIDENTLY to support,—and you will bowl on as smoothly as your heart can desire.

“ *Were we able from the attending symptoms* to deter-  
 “ mine the *exact* period at which the operation ought to be  
 “ performed, no kind of difficulty *would occur from it*; but  
 “ this is so far from being *the case*, that the *most experienced*

“ *practitioner* cannot with any *certainty* decide upon it. In  
 “ some *instances*, herniæ with every symptom of strangula-  
 “ tion, continue for six, eight, or *ten days* !! and AFTER ALL,  
 “ THE PROTRUDED PARTS ARE AT LENGTH REPLACED, AND THE  
 “ PATIENT DOES WELL ; and in many similar cases, when the  
 “ operation has been the means of relief, although the very  
 “ worst symptoms have subsisted for several days ! yet on  
 “ laying the parts open, no appearances *either of inflam-*  
 “ *mation or gangrene* have been *detected* !!

“ On other occasions, again, the *same set of symptoms*,  
 “ with perhaps no greater degree of swelling or tension in  
 “ the *parts affected*, end fatally in a very short space of  
 “ time. In some such instances, the rapid progress of the  
 “ *disorder* is very surprising ; the space of eight-and-forty  
 “ hours hardly *intervening*, from its first attack *till* the pa-  
 “ tient’s death : I have even known the intestines become  
 “ perfectly gangrenous in the course of *one day* from the  
 “ time of their first *expulsion* !!!

“ Every *practitioner* must be *sensible*, that THIS ! IS THE REAL  
 “ STATE OF THE QUESTION ? and ! if ! it ! *is* ! so ! it ! must !  
 “ at *once* ! *become evident* ! that considerable delays must in  
 “ such critical *circumstances* be always attended with great  
 “ *bazard* ! and AS the real danger to be *apprehended* from the  
 “ operation itself, is trifling when compared *to* the risk  
 “ which long delays usually produce, it ought THEREFORE, I  
 “ think, to be laid down as an *established maxim* in *this part*  
 “ of *practice*, Always to proceed to the operation, if in the  
 “ space of a *very few hours* (hear ! hear !) blood-letting, and  
 “ the other remedies pointed out, do not prove *effectual*.  
 “ Two or *three hours at farthest*, (hear ! hear !) even when

“ the assistance of *practitioners* is *early applied for*, is perhaps the greatest length of time! (hear! hear!) that “ should ever be *occupied with trials of this nature*.”

Now, gentle reader, I turn from Mr. Benjamin Bell to give you some serious advice concerning the most dangerous operation in surgery. You will ponder what I say for the interest of others, if surgery be your profession! for your own sake, if you feel only your own share of the common danger.—Hear now the rule of practice which this rash man delivers to young surgeons,—“ ALWAYS PROCEED TO THE OPERATION, if, in THE SPACE OF A VERY FEW HOURS, *you do not succeed!!*” I will venture to affirm (without having any claim to that deep reading and extensive practice which Mr. Bell has reason to boast of), that this is the most rash and dangerous rule that ever was announced in any book in our profession. It is against reason and common sense; it is opposite to the opinion and practice of every judicious surgeon; I appeal from Mr. Benjamin Bell to the whole medical world! I appeal from his absurd conclusion to his own premises, which direct us to a practice quite the reverse of this.—First, The intestines in those cases of sudden gangrene (allowing the fact to be exactly as he states it), must be gangrened past redemption, before the parts could be cut open! even although the surgeon should operate with all the guilty precipitation “ of an interested and ignorant practitioner.” Secondly, In many cases the operation has been (as Mr. Bell acknowledges) “ the means of relief, although the very worst symptoms had subsisted for several days!” This surely is a reason rather for delay! for performing the operation

late! And, thirdly, Mr. Bell has seen the symptoms of strangulation continue for eight or ten days, and yet after all the protruded part replaced, and the patient do well! which is an argument for not operating at all, or at least for assuring ourselves of the signs of danger, before we pronounce, that there is danger, or perform this horrid operation.—Gentle reader, If you engage in surgical operations, however cautious you may be, assuredly you will, from time to time, have reason to find fault with yourself! Beware, then, of this desperate—rash word,—“A FEW HOURS.”

#### SECTION IV.

##### OF THE OPERATION FOR HERNIA,

“*Or that division of the Parts producing the Stricture, so as to admit of a replacement of the DERANGED VISCERA, constituting what is called the Operation of Hernia.*”

HONOURED SIR,

I have studied all your operations, and I well remember, that every one of them, great and small, necessary and unnecessary, of old or of NEW INVENTION (except that one which begins with day-light in perfection) begin with “a TABLE OF THREE FEET HIGH.” But this operation begins sublimely, like an ancient sacrifice, or an *auto de fée*, with a hymn or song.

“A table of a convenient HEIGHT,

“Being placed in a proper LIGHT.”



To match these lines with any other two equally elegant, we find impossible, and must be contented with a couplet, which is, however, highly explanatory of them :

“ Thoughts ! all so dull, so pliant in their growth,  
 “ They’re verse,—they’re prose,—they’re nothing,—and they’re both.”

“ A table of a convenient height ! being placed in a proper light ! the patient must be laid upon it.”—“ And in order to afford as much empty space as possible for the return of the protruded parts, the patient should be advised to *empty his bladder entirely* ; and the parts having been previously shaved, an incision must now be made with a common round-edged scalpel through the skin and parts of the cellular substance, beginning at least an inch above the superior extremity of the tumour, and *continuing it down to the most depending part of the scrotum* \*.”

## CONTINUATION.

\* “ Even *although* the tumour does not extend to the *bottom of the scrotum*, the parts should be laid open in the *manner directed* : By a free external incision the operation is allowed to be finished with more ease and freedom than when the first opening is not so large ; it does not produce much more pain than a small incision ; and by being continued to the bottom of the scrotum, the matter produced in the *upper part of the sore* is prevented from collecting below, which it is otherwise *ready to do*.

“ The operator *now goes on* to divide slowly the rest of the cellular substance, together with some tendinous kind of bands, which, *unless the disorder is very recent*, are *universally met with*, either loose upon the surface of the hernial sac, or, on some occasions, *passing as it were into its substance*. Even this external incision of the integuments ought to be made with great caution : For although in by much the *greatest* proportion of hernial swellings, the spermatic *vessels lie behind the protruded parts*,

I who have so often praised you, am lothe to differ with you; and when I do assume a serious tone, you may believe the occasion serious. In these passages, though you do not represent the rapid decision, with which every great operation in surgery should be performed; though you linger in your description, and express yourself with hesitation; yet yours is not the hesitation of fear or modesty. Your page is like a still with simples in it; to every drop it takes a minute! but your directions are as bloody as if you uttered a torrent of words, expressive of all the enthu-

“ yet on some occasions they have been found on the *anterior part* of the  
 “ tumour; so that in order to avoid the risk of wounding them, *so soon as*  
 “ the skin is divided, the remainder of the operation ought to be done in  
 “ the most cautious manner, *care being taken* to avoid every *large blood-vessel*  
 “ that *makes its appearance*.

“ If we attend *only* to the *usual* conformation of these parts, *the hernial*  
 “ *fac*, we *would say*, ought never to get behind the spermatic cord: But we  
 “ know well, that in no part of the human body is *nature more apt to show*  
 “ such *inclination* to desert her ordinary course, than in some circumstances re-  
 “ lating to the testicles and their vessels.

“ I shall not here *enter* into the *discussion* of the manner in which such a  
 “ *circumstance may be produced*; but, as I am certain that the fact has hap-  
 “ pened, and as it may therefore occur again, I consider it as an *additional*  
 “ *argument* for the *propriety* of dividing the hernial fac in the cautious man-  
 “ ner here directed.

“ Good eyes and a steady hand are in no operation more requisite than  
 “ in this: *With these*, any practitioner acquainted with the anatomy of the  
 “ parts may be sure of doing the operation *properly*, and *without them* the  
 “ *best anatomist* must undoubtedly go wrong.

“ *So soon as an opening* is made quite through the fac, a *circumstance* of  
 “ which we are made certain, as was already remarked, by a probe *passing*  
 “ *easily in*, it ought then to be farther enlarged, till it is of such a size as  
 “ to receive the fore-finger of the operator's left hand.

fiasm of a daring and hardened surgeon. The difference betwixt your description and that of a bold operator, is just that which distinguishes an assassin from a brave man! You write bloodily, though not boldly: you speak not like a regular surgeon, performing a regular operation where there were rational hopes of success, but like a desperate man, careless of every thing, and afraid only of being affronted, or, in other words, "embarrassed" in the midst of a public exhibition! you write like one who had

" Hitherto the ileum has been commonly supposed to form the substance  
 " of the greatest proportion of such tumours; later and more accurate ob-  
 " servation, however, renders it probable, that the cæcum, appendix vermi-  
 " formis, and part of the colon, are more frequently contained in the her-  
 " niary sac than any other portion of the gut.

" The sac being laid fully open, the parts contained in it ought now to  
 " be examined with the nicest attention, &c.—In making the reduction, it both  
 " answers the purpose better, and is less likely to do mischief, applying the  
 " fingers to that part of the intestine connected with the mesentery, than to  
 " the convex part of the gut. While the reduction is going on, the pa-  
 " tient's thighs and loins should be still more elevated than they were  
 " during the preceding steps of the operation; as this posture of these  
 " parts tends much to facilitate the return of the protruded intestines to the  
 " abdomen.

" As the tendon of this muscle runs in an oblique direction from above  
 " downwards, and as the opening through which in cases of hernia the  
 " parts protrude, is formed merely by a separation of the tendinous fibres  
 " from one another, the direction of this opening is of course the same with  
 " that of the tendon; that is, it runs somewhat obliquely from the spine  
 " of the ileum to the os pubis.

" In enlarging this passage, then, for the reduction of such parts as  
 " have passed through it, as a transverse section of the tendon is by no means  
 " necessary, the knife should be carried obliquely upwards, so as merely to  
 " continue the natural separation of the tendinous fibres."

been often caught and entangled in difficulties from which he had no other way of disengaging himself than by a flap-dash stroke of the knife. You order the young surgeon to make an incision as large as the parts will possibly allow; a rule directly the reverse of that by which other surgeons are guided: but you are your own cutting CONDUCTOR \*! you cure all diseases by cutting! and in cutting, you resolve all difficulties by a cross stroke of the knife!!!

“ The FINGER *was recommended* as the best DIRECTOR for  
 “ the knife! in opening the sac, and in dividing the tendon  
 “ it is *equally necessary*. By insinuating the finger INTO!  
 “ the aperture in the tendon *immediately above* the pro-  
 “ truded parts, the point of the blunt bistoury is easily in-  
 “ troduced *upon it*; and in this manner, by *keeping the end*  
 “ *of the finger always a little before!* the bistoury, the open-  
 “ ing may be enlarged to any necessary extent without any  
 “ risk of wounding the contiguous parts.

“ In general, a very small *enlargement* of the *natural*  
 “ *opening* in the tendon is found sufficient for the reduction  
 “ of the gut and *other parts*: But the size of the opening  
 “ ought by all means to be fully sufficient for the end  
 “ proposed; for it is better to exceed in *making it some-*  
 “ *what too large!!!*”

This scene becomes more and more shocking. You are seen now, steeped in the true colours of your trade, up to the very elbows in blood! You are infuriated by opposi-

\* “ A very curious instrument which Mr. Bell has invented for cutting for the stone with, which he names Bell’s Conductor—or Director—but it is grown rusty.

tion! the words adhesion, stricture, gut, and sac, excite proportioned fury! and you exclaim, tear, cut, clip, destroy.—Tear the adhesions; cut every thing;—surgery consists in cutting!—and the best surgery is to cut every thing!!!

“ If upon introducing the finger any ADHESIONS OF THE GUT to the *contiguous parts are discovered*, the incision in the tendon ought to be *larger!* than might otherwise be necessary, with a view that the finger may be FREELY ADMITTED so as TO DESTROY such adhesions as it can reach!!! for unless they are *removed!* complete success from the operation cannot be expected.

“ Independent of such adhesions INTERNALLY, it frequently happens, by long confinement in the scrotum, pressure, and perhaps other causes, that strong adhesions are formed among the parts contained in the sac itself; and before they can be with propriety reduced, it is always necessary to ATTEMPT THEIR REMOVAL!!!

“ When adhesions of this kind occur, as they sometimes do, between different parts of the protruded gut, the greatest caution is necessary in separating them: But connections of this nature between one portion of the intestinal canal and another, are seldom very firm, and are commonly easily SEPARATED by the FINGERS ALONE!!! and when the connection is formed by means of LONG FILAMENTS! which is sometimes the case! the easiest method of removing them is to cut them, either with a pair of scissors! or the bistoury!!!

“ When, again, adhesions occur between the gut and hernial sac! or between the gut and omentum! if the fi-

“ LAMENTS producing the connection cannot be *otherwise*  
 “ *removed*, as there is no great hazard in wounding the  
 “ omentum, and still less in hurting the sac, a very small  
 “ portion of these may be DISSECTED OFF!!! and returned  
 “ with *the gut into the abdomen!!!* and in the same manner,  
 “ when the omentum adheres so firmly to the sac as not  
 “ to be separated in any other manner, no danger can ever  
 “ accrue from the sac being somewhat *encroached upon!!!*”

Drive on, Sir—Cut—clip—tear—remove—destroy!!!  
 This is surgery indeed—rampant surgery.—Your recommendation and certificate of the finger being the best director, may be very honest and right; but if the stricture be so very slight that this well recommended finger can go before, we see no reason why the cruel bistoury should follow after. Your direction of keeping always the finger a little before the bistoury is rather unexpected from one who has told us “ that the STRICTURE of the RING is the sole cause of the strangulation?” I would not be guilty of carping at mere errors in words; I fear that there is proof in these passages of very serious misconduct! of your having performed this operation where the hernia was not truly strangulated; and of this I am entirely persuaded, since I find you declaring, “ that the protruded parts may be sometimes reduced without any necessity for enlarging the opening through which they have passed from the abdomen.” This rule is perfectly shocking; it must incline the young surgeon to pull out pieces of the intestine, with the expectation of pushing them in again! pray, Sir, is it prudent to push the intestines when they are exposed naked to this rough usage,—the sac open,—and the stricture

which confines and strangles the intestine as yet unrelieved?—Is not this contrary to your own rule, of its being “better to exceed, and to make the opening in the ring TOO LARGE?”—Is not this cutting open of the scrotum and sac without opening the ring! Is it not just performing the bloody and dangerous part of the operation without a motive?—Is not the slight incision which should be now made in the ring the main object of the operation to which all the bloody incisions you take such particular pleasure in describing are merely subservient? Other improvers of surgery have proposed cutting the stricture of the ring without exposing the bowels or opening the sac. What must they think of your ingenuity, who open the sac, and expose the bowels, without any intention of cutting the ring?

Your next rule, viz. that of making the “small enlargement of the natural opening in the tendon rather SOMEWHAT TOO LARGE!” is perhaps a compliment to those whose improvement of cutting the ring *only* you have so finely burlesqued, by ordering the sac alone to be cut, while others cut only the ring. You are impartial enough in your contradictions, God knows; for when you chance to blunder into any thing that looks like common sense, you are as ready to contradict yourself as to contradict others. The chief error in performing the operation for hernia, is, the cutting the ring too freely; the consequence is, that in place of making merely as much room as to enable him to reduce the intestines, the inexperienced surgeon is apt to cut so incautiously, that the straining of the patient forces down more of the bowels! It is very difficult to push them

up again into the belly; it is impossible to keep them there: And we are inclined to believe that you must have often performed such operations; for you tell us, page 334, "That you have known it more than once happen that portions of the intestines have passed out at the openings of the tendon, and *remain* protruded for a considerable time without being noticed."

The bloody business next before us of the adhesions is unparalleled, even in your own book; not even yourself can be your parallel. The young surgeon is advised to make the "incision in the tendon larger than might otherwise be necessary, with a view *that* the finger may be more freely admitted to destroy such adhesions as it can reach." This is a direction, the absurdity of which can never be illustrated by any argument or analogy sufficiently ludicrous. The surgeon is represented as searching within his patient's belly with his fore-finger for adhesions, as familiarly as a nurse searches the toothless gums of her little one to see whether it be tongue-tacked!

The notions which you next obtrude upon us of "the intestines adhering to one another, and to the sac;" and of there being sometimes "long filamentous adhesions, which the surgeon has to clip with scissars,"—convey to me no idea of a surgeon writing upon operations which he had studied and performed, who knew what hernia, or what an adhesion, or what guts, and omentums, and herniary-sacs were; but rather it presents to my imagination a raw and ignorant lad, with very poor talents for our profession, and with ideas as rigidly mechanical as those of a locksmith, sitting down to read about hernias! strug-



gling hard with the difficulties of a very intricate subject, trying to guess at those things which he could not understand. It is the difficulty, Sir, of understanding those subjects that has driven you into the difficulties of explaining them; and the perplexities of such a writer, stalling on from conjecture to conjecture, are sufficient to puzzle the heads of a whole nation of surgeons who have unhappily depended too much on systematic books for the knowledge of their profession.

You conclude with a very concise summary of operations for all kinds of adhesions. You suppose an adhesion of all the parts, as the omentum, intestine sac and scrotum to each other. You direct the cutting a slice off the testicle, a lump off the omentum, a flap out of the herniary sac, and a piece off the hairy scrotum, if *occurrences rendered it necessary*; and, finally, the thrusting back of the intestines into the belly, with all this trumpery of rags and flaps fluttering about it. This is just as notable a thing as *can occur in any of the various modern authors who have written on the subject of the accidental occurrences in this difficult department of chiburgical practice.*

## FURTHER CONJECTURES CONCERNING HERNIA.

————— I am in blood  
Stept in so far, that should I wade no more,  
Returning were as tedious as go o'er.

HONOURED SIR,

I ONCE more congratulate you on what must have been a misfortune to any person less ingenious than you are. You have laid down for yourself a safe and pleasant rule of reading no book which is contaminated with any kind of heresy against your own writings; by this you have escaped! the knowledge of that doctrine, which explains the condition of an incarcerated and gangrenous hernia. Authors say, that an intestine truly strangulated is inflamed chiefly at the place where it is constricted by the ring! That the parts of the intestine immediately under the stricture of the ring usually adhere, before that which is protruded falls into gangrene! and that when the gangrene does take place, nothing of the sound part of the intestine protrudes.—The sound gut, they say, is never to be seen! it lies within the abdomen, and cannot be caught with the fingers, nor detained there, nor stitched with needles! it is said, moreover, to adhere so firmly to the inside of the groin, that this stitching is as needless as it is impossible! In short it is conjectured that these fine operations of sew-

ing intestines, &c. have been invented by mere closet surgeons, and copied from hand to hand by professed system writers! whose mode of progression is now as perfectly known as that of any other creature, "they fly all in a row like wild geese." Have I not reason, Sir, to congratulate you on your ignorance of this doctrine so insulting to the good old surgery of your friend Laurence Heister? Your ignorance has given fair play to your ingenuity: Had you known this doctrine, we had lost all the **INGENIOUS** and very **CURIOUS CONJECTURES** which fill these pages.

You have conjectured,—first, That it will be very prudent to put a ligature, noose, or halter, round this slippery gut, lest it run back again into the belly!—Secondly, You conjecture, although the gut is now empty, mortified, burst, and collapsed, that yet the ring is so constricted round it, as to hold it from running up into the belly; but you, "Ne retro eat funis!" lest this hank of guts should slip back, clap a bridle upon it, and when it is happily bridled, the ring may be safely dilated!—Thirdly, You have conjectured, that if the sound piece of intestine slipped up! "The gangrenous portion might slip up together with the sound!"—Fourthly, You have conjectured "that no good suppuration will take place in the sac;" whence you very correctly argue, that all the refractory and rebellious parts of the sac, i. e. all the **FORE** and **LATERAL PARTS** of it should be cut out. As many former conjecturers about surgery have advised the cutting out of the sac of a hydrocele, they might have admired your ingenuity in applying the same principle to this operation for hernia, but you are unfortunately fifty years too late with this important conjecture,

fo that those who should have risen up to defend you are all dead men.

Never till now was it explained what parts were in the operation of hernia to be cut off, nor how the operation was to be finished! but you have delivered to us express rules, wherein we find it written down, as your own charter and undoubted privilege, to cut every thing!—we are to cut all the FORE and LATERAL parts of the sac; “we are to tear the smaller adhesions of the intestines with our fingers!” we are to dissect the more intricate adhesions with the knife; we are to clip the long bridles of adhesions with the scissors! we are to cut a slice off the testicle, or a bit off the sac when they adhere to the hernia! and to be plain, this comprehensive rule relates to all the parts of whatever kind, which may be troublesome to the surgeon, “whose operation is to be finished by those parts which are intended to be removed being cut off!!!”

\* Here, my dear Sir, you are too severe upon surgeons less learned or skilful than yourself. I can almost assure

\* “By many it has been recommended, and is still a very common practice, to stitch up the wound with two or three sutures; but as *no real advantage can be obtained from this*, and as it has been on some occasions *productive of mischief*, it ought never to be *attempted*. No person will probably say, that such ligatures ought to be carried so deep as the *tendon of the oblique muscle*; and if they are only made to pass through the external teguments, they can have no effect in preventing a protrusion of intestines! On the contrary, it does now and then happen, during the cure of the wound after this operation, that small portions of gut pass out at the opening in the tendon, which when the external parts have not been drawn together are always readily seen and easily reduced; but on the skin being by ligatures made to cover the greatest part of the

you, that (except one) no surgeon ever imagined so foolish a thing as confining the intestines within the abdomen by the mere force of stitches; that no one ever thought of going so deep with his needle as the ring of the abdominal muscles; that no one ever thought of any other advantages from futures than those of procuring a speedy adhesion, saving the patient from inflammation within the abdomen, and procuring perhaps a smaller and firmer scar. You seem, Sir, to accuse the stitches of wheedling the intestines out of the abdomen again after they had been fairly shaken into their places: May not the bowels have descended upon you so often from your *preferring* to make *the opening in the ring* rather a little TOO LARGE? Would it not be as well (if from any such awkwardness the bowels were to fall down) that they were covered with their own skin drawn gently together by two stitches? Have you no desire to exclude the air? for you seem on other occasions to have a pneumato-phobia! yet we excuse your not talking about excluding the air, for the truth is, that when you cut up a hernia, or any other part, you can no more exclude the air than you can EXCLUDE THE LIGHT. Though assuredly if any philosopher in Europe could exclude either, we should expect you to be able to do so, who have given so many rules about the exclusion of air! and about "OBTAINING DAY LIGHT IN PERFECTION!!!"

"wound, I have known it *more than once happen*, that portions of intestine have passed out at the opening in the tendon, and remain protruded for a considerable time without being noticed; so that the practice ought to be *entirely exploded!!*"

MORE CONJECTURES RELATING TO CONGENITAL HERNIA\*.

ALTHOUGH among your conjectures, there are some with which I am fully as much pleased, there is none surprises me more than this, about the *thickness* of the *sac* of a congenital hernia. You have laid down the principles which determine the thickness of a herniary sac, with singular precision. You have told us, that "the peritoneum has

\* "In the treatment of ruptures of the congenital kind, *little difference occurs from the management of the bubonocoele in its more ordinary form.* "When the parts can be replaced without any operation, it ought always to be done, a truss being at the same time recommended as a *preventative of future descents*; and when symptoms of strangulation take place, which cannot be otherwise removed than by the operation, it here becomes equally necessary as in any other species of rupture.

"When from the circumstance of the parts having been protruded in *early infancy*, and from their having at times continued to fall into the scrotum from *that period downwards*, there is reason to suspect that a *hernia to be operated upon is of the congenital kind*, the surgeon in *such a case*, in laying open the contents of the tumor, must proceed with still more caution than in *cases of ordinary rupture*; for the tunica vaginalis which here forms the sac, is *commonly much thinner than the usual sac of hernia*. On the parts being returned, more attention is necessary too in dressing the wound than in other cases of hernia; for the testicle being here laid bare by its vaginal coat being cut open, if it is not treated with much delicacy it will very *probably inflame*, and may *thereby be productive of much distress*. The testis therefore ought to be *immediately enveloped* with its own proper covering, the *loose tunica vaginalis*; and at every dressing, care should be taken to prevent as effectually as possible every *access* to the *external air*."

the property, like many other parts of the body, of thickening," &c. "That the herniary sac is at first of no very considerable size." "That by repeated descents, the sac continues to be pushed lower and lower, till, in some instances, its bulk becomes very considerable indeed." Let us examine, according to those principles, what should be the result! should this sac of congenital hernia be thicker or thinner than that of other herniæ?—First, It is named Congenita, because it begins at birth, or soon after.—Secondly, It is unquestionably the oldest of all herniæ, since, as you tell us, "it had first fallen down into the scrotum in early infancy, and has continued to fall down into the scrotum from this period downwards," *i. e.* during the life of the patient, who is now supposed to be of adult age. Here then is a hernia at least twenty, but perhaps fifty years old! At every descent the sac has been enlarged and distended! Every time the parts have been reduced, the sac has been bruised and slightly inflamed! and, by successive inflammations, it has become thickened! Should not this sac then of the congenital hernia be the thickest of all?

It is, moreover, a very unlucky conjecture, that this kind of hernia has not as proper an abdominal sac as any other. The congenital hernia is peculiar only in being in contact with the testicle, not in having a peculiar sac. The original opening into the tunica vaginalis is not closed when the congenital hernia first descends; the gut slips down into it; but still the proper tunica vaginalis is no bigger than merely to contain the testicle! for when a gut comes into it, the tunica vaginalis is not enlarged by extension and thickening, but by more of the abdominal peritoneum be-

ing pushed down from the abdomen. Each increase in the hernia then brings down more of the peritoneum, and the congenital hernia has as true an abdominal sac as any other hernia; the only difference is, the continuity of that sac with the tunica vaginalis: the tunica vaginalis forms indeed the lower part of the sac, but not the whole.

The sac, then, of the congenital hernia, is formed like every other, from the peritoneum forced down from within the abdomen; it is an old sac, thickened by frequent descents; it requires no peculiar operation, and least of all any caution on account of any peculiar thinness. All this you, much honoured Sir, might easily have understood! a mere Tyro might have put these facts so together, as to have GUESSED right! If you have GUESSED wrong, perhaps it was from your thoughts being otherwise employed. You wanted to look exceedingly wise. Indeed I often observe you practising Puff's trick of shaking your head! but then, you forget, I fear, the best part of the lesson—"Damn it, Sir, shake your head as if there was something in it!"

The text which I am now trying to illustrate, concludes with a piece of humanity and a piece of learning equally worthy of your high abilities. Your humanity appears in your attention to the cold and naked condition of the testicle, which must, as you observe, feel very uncomfortable when bared of its tunica vaginalis. Your learning is admirably displayed in translating this Latin word tunica, which, you have now very plainly proved, means the COAT of the TESTICLE! the scrotum is the great coat of the testicle; the TUNICA VAGINALIS its close coat; and the TUNICA ALBUGINEA its vest.—The testicle being thus equipped



with its several coats! it is very natural to conclude, that when they are slit up, the testicle must be uncomfortable. It is very humane also to advise, " that the loose *tunica vaginalis* should be wrapped *close* round about the *testicle* at each dressing, to prevent the *access* of the external air.

Here end the conjectures on the anatomy of the *Herniary Sac*.

## SECTION V.

*Conjectures about the Femoral Hernia and Epigastric Artery.*

SIR,

I thought to have read your book through and through, and to have talked to yourself about it all the while, with perfect good humour. You have, indeed, so entirely succeeded in making the most important subjects ludicrous, that hitherto I have seldom wished to change my tone. But what shall I now say to a man, who, without the least tincture of anatomical learning, or the least degree of natural ingenuity, without even that knowledge which may be obtained from books, pretends to new-model the most difficult operations in surgery!! There are certain subjects, and this is one of them, where we should be serious. The smatterings of anatomy, or, rather, of anatomical names, which may be learned from books, can never be safely applied to the pathology of such a disease as hernia. This piece of knavery you have been guilty of; and yet, cannot I for my soul be angry with you: for, behold, when I expect an interesting and serious description of the relative

situations of the hernia, sac, ligament, &c. the first thing that presents itself is the femoral hernia playing at bo-peep with the femoral artery and vein. First, "The guts pass immediately over the femoral artery and vein: Next, they are found on the outside of these vessels:—But, in the third place—they are more frequently found in the inside of those vessels betwixt them and the OS PUBIS\*." Is it possible to produce a piece of more consummate affectation, ignorance, and effrontery, than this is? Yet this is innocent nonsense, compared with what follows. What must I say next? to your observation (too often repeated not to be dangerous) "of the patient being saved from a great deal of hazard, when the contents of the tumour can be reduced without the necessity of dividing the ligament †!!!" I no longer have a doubt, that the surgeon who writes thus incoherently about teguments, and liga-

\* "It is under the tendon or ligament that the parts composing a crural hernia descend. On some occasions they pass immediately *over* the femoral artery and vein; on others, they are found on the *outside* of these vessels; but more frequently they lie on the *inside*, between them and the os pubis.

"As the protrusion of any of the abdominal contents produces in this situation *nearly* the same *set of symptoms* as occur in cases of inguinal hernia, the method of treatment recommended in *that species* of the disease is also *applicable here*.

"When, therefore, in the femoral hernia, *symptoms of strangulation* occur, we must *put all the remedies in practice* already advised for the inguinal rupture."

† "When the contents of the tumour can be reduced without the necessity of *dividing the ligament*, the patient is thereby saved from a great deal of *hazard*, as from the particular situation of the *spermatic vessels*

ments, and hernias, and sacs, and about completing the operation without cutting the ligament, or dilating the ring!!! has been guilty of performing the operation of hernia in cases where there was no true strangulation. Surely, Sir, it must be easier and safer to push against the intestines while still covered with the skin, fascia, and sac, than after they are exposed by an incision the whole length of the tumour? Allow me, Sir, to remind you of some things concerning which (were I in your situation), I should catechise myself after the following manner.

If there be no stricture upon the hernia, why should I operate?—If there be stricture, and I do operate, for what purpose are all my incisions but to let me get at this stricture?—When I have cut open the parts, how shall I dare to push and force the naked bowels before the stricture be relieved?—If I in general order the young surgeon “to make his cut in the ring or ligament rather

SOMEWHAT TOO LARGE,” how shall I dare to reverse the rule, or direct him to push up the bowels without relieving the stricture? The inconsistency of ordering him to cut open the hernia where there is no stricture, or to force the bowels before cutting that stricture, will shock even the ignorant!!! Have I performed many operations in which I found myself able to reduce the hernia without dividing the ring or ligament? Yes.—Have I judged well in operating in such cases? No.—Is it not probable that I had failed to keep my patient long enough on the crown of his head? Yes.—Is it fair, is it judicious, to hurry operations, to operate in

“and *epigastric artery* with respect to this ligament, any cut made into the  
 “*substance* of the latter, runs the greatest risk of dividing *one or other of*  
 “*these.*”

hernia, for example, when the symptoms of stricture have lasted but a few hours? No.—Should I not consider long a point so difficult as this of operating suddenly!—of operating within a few hours!—of operating where it is possible to reduce the rupture without cutting the ring!! Should I not very maturely weigh all this before venturing to give the FRUITS of my experience to the public? Yes.—Is it fair, right, honest, or laudable, to propose a rule so ambiguous in itself, so unprecedented in the practice of other surgeons; to boys! to mere boys! to print it, not in a dissertation! but—in a system, containing professedly the elements of surgery; and containing, by implication, no rule but what is absolutely and perfectly safe?—No—no—no.

These you will allege, Sir, are severe categories. I know your apology for these operations too well; it is in every book; it is the old epigastric artery, is it not, whose history we know so well? The alarm about this crooked epigastric artery was raised two hundred years ago; it spread like democracy, and is not yet allayed. Anatomists and closet speculators, who were not surgeons, were alarmed; surgeons, who were no anatomists, were infected with the panic; one old goose took wing, and all the flock have flown after him in a direct line.—This conjecture about the epigastric artery was too much in your own favourite manner of conjecturing not to be assimilated into your book, and conjecturally improved to the utmost of your power. Others would have proceeded to prove, first the danger of wounding an artery, and then the difficulty of tying it; but you, by a sort of retrograde logic, in which you are peculiarly

happy, begin your argument where others would end. "But the difficulty (you observe) of tying the epigastric artery with a needle and ligature is such as must convince every one who has tried it that Mr. Sharp had never put IT IN PRACTICE \*."

This, which has all the appearance of a candid appeal to surgeons on a matter of common experience, is quite the reverse. Have surgeons actually tried to tie the epigastric artery? Yes. And pray then how can you make them conclude that Mr. Sharp had "never put in practice" what they themselves had tried, *i. e.* "had put in practice?" If, on the contrary, surgeons have had no opportunity of trying it! how can you make them judges of difficulties which they have never encountered? You know full well that you might with as much reason appeal to bricklayers as to surgeons on this point. Have you, Mr. Benjamin

\* "The spermatic vessels, as they go along to pass out at the opening in the external oblique muscle, run nearly upon the very edge or border of Poupart's ligament almost *through* its whole length, so that I consider it as impossible to make a free division of the ligament without cutting them across.

"Even in emaciated people, however, it is a matter of much difficulty to reach the epigastric artery, and in corpulent patients it will be found altogether impossible to surround it with a ligature; so that beginners ought to be very cautious in receiving the directions usually given on this subject. On reading the remarks of the late Mr. Sharp upon this point †, to secure the epigastric artery by means of a ligature, one would expect to be the easiest of all operations; but the difficulty which in reality attends it, is such, as must convince every one who has tried it, that Mr. Sharp himself had never put it in practice."

† *Critical Inquiry into the Present State of Surgery.*

Bell, ever seen the epigastric artery cut? Has any surgeon in Europe cut the epigastric artery, or seen it cut? Have you ever tied it, or tried to tie it, or seen others try to tie it? Has any surgeon in Europe told a tale of its being cut! except Gargeneot, the father of lies?

These things you might have considered; and had you observed, that of all the bungling surgeons who have for these two centuries been operating for femoral hernia, not one has cut this artery! had you observed this singular fact, and reasoned upon it, you might have come near to a guess, which would have redeemed all your unlucky conjectures. But when the alarm was abroad, especially about any thing curious in anatomy, you could not be quiet. You have been at pains to prove that you are as much aware of this danger as others, and as good at inventing operations by which it may be shunned as any of your neighbours. You have told us, "that a considerable time ago, it *occurred* to you, that in this part of the operation, some assistance might be derived from performing it in the following manner:"

"The first scratch with the scalpel was *very slight*; but  
 "by repeated touches, it was made to penetrate almost  
 "through the whole thickness of the ligament, till at last  
 "a very thin lamella only of it remained! The finger be-  
 "ing now withdrawn, the protruded parts were returned  
 "with great ease! the ligament *at its weakened part yield-*  
 "*ing gradually* as the necessary pressure was applied for  
 "the reduction of the intestines.

"As in this manner the opening may be enlarged to *any ne-*  
 "*cessary extent*, and as the SPERMATIC VESSELS and EPIGASTRIC

"artery are thus *effectually avoided*, the operation for this  
 "species of hernia may not only be done with *equal cer-*  
 "tainty, but with the same *degree of safety, as for any other*  
 "kind of rupture! For, by not penetrating with the scal-  
 "pel through the whole thickness of the ligament *under*  
 "*which these blood-vessels lie*, they are thereby *kept free* from  
 "all kind of danger during *this part of the operation*; and,  
 "the pressure to be afterwards used for the reduction of  
 "the protruded parts, if done in an *easy gradual manner*,  
 "*as it ought always to be!* can never injure them *materially!*  
 "*as blood-vessels of the size and strength of which these are!!!*  
 "easily admit of a degree of *extension* much more consider-  
 "able than can be *here required.*"

What is this? In what does it differ from the operation which every surgeon performs? In this operation you piddled very slowly and timorously at the ligament—you cut it through at last!—You were just as much astonished to find yourself performing the operation for femoral hernia! as if you had found yourself writing verses,—or playing on the harp,—or refusing a fee. You had imagined terrible things concerning this epigastric artery, and were astonished to find yourself cutting—cutting—God knows how! but without finding this terrible EPIGASTRIC!— I need not remind you how many operations have been invented for escaping this imaginary danger; you have yourself mentioned Mr. Arnaud's method of dilating the ring; you should next have told us (if you had known it) of Mr. Le Blanc's famous invention of a dilator or gorget for tearing the ring! but you have made us full amends, by telling us about your own operation of cutting slowly AN INCH! in-

to the SUBSTANCE of a ligament which has NO SUBSTANCE (OR thickness) and NOT HALF AN INCH OF BREADTH. One thing you have not told us, viz. what the Spanish surgeon says on this subject! though this same Don Antonio de Gimbernat, Physician to the King of Spain, has published a book upon this femoral hernia and epigastric artery; and your constant and critical friend, Dr. Beddoes, has translated it for (your instruction I had almost said) your correction, I mean! You have resolved to be instructed by no books but your own; you are your own conductor\*!!! Let us see, then, what a physician on the other side of the Bay of Biscay will say to Mr. Benjamin Bell of the Royal College of Surgeons.—*We* may read it safely, “our withers are unwrung.”

“This author (Mr. Benjamin Bell) was perfectly well acquainted with the danger of dividing the Fallopian ligament in any direction whatever! and with the difficulty of dilatation without incision. *He was not, however,* well acquainted with the duplicature of the crural arch! or with its attachment along the crest of the os pubis! neither had *he any exact acquaintance with the foramen!* which gives passage to the parts forming the crural hernia;—consequently—he *could ill understand* what *part forms the strangulation.* Had he known it! he would *not have meddled with the Fallopian ligament!* not even with its edge, as he did, *doubtless supposing,* that this ligament forms the *strangulation.*”

In short, all the surgeons of Europe, as well as yourself,

\* This conductor of Mr. Benjamin Bell's is a queer instrument for cutting for the stone. He makes a proclamation about it, and some other inventions of his, towards the end of this book.



have quarrelled about the way of escaping this imaginary danger; you have all been employed for many years in frightening one another, like boys in the dark; but I have news for you, Mr. Benjamin, for Don Antonio, Mr. le Blanc, and hundreds of others, who have lived in perpetual fear and disquietude.

Hear, ye Surgeons of Europe, Anatomists, Discoverers, Inventors, Rupture Doctors, of whatever calling or description!—Awake from your slumbers! rouse ye from unquiet dreams!—Peace be among you henceforward! for ye shall cut up the ligament of the thigh without let, stay, hinderance, or interruption of any kind.—The epigastric artery is annihilated by the staff of Moses, and the devourer of all good things! and the scapular artery hath drunk up its blood!—Has it not been declared by Jonathan Bell surgeon, that all the world is mistaken except himself? what know ye about fascias, or aneurisms, or hernias, or epigastric arteries? Sit ye down, lay your fingers on your lips, hear and perpend!!! The epigastric artery never was cut—never will be cut—never can be cut. Various are the surgeons, good and bad! in country and in town! who have sought for the same, with their fingers some! and some with their knives! yet hath it not been found: It lieth at the back of almost every rupture, both of the groin and of the thigh, nor ever hath it been found playing bo-peep with the hernia!—as most notoriously the femoral artery hath been *detected* so amusing itself! to the great terror of all beholders, and indescribable danger of the King's lieges!!!

These blazons were made in certain public Johnbellations; the ingenious lecturer being all the while employed in drawing the various zig-zags of this felonious artery, most delectably, upon the living body. These truths I learnt from a faithful apprentice of mine, who in spite of my wholesome counsels did persist in hearing the said Jonathan, and whom I examined every evening touching his skill in surgery. *Causa scientiæ patet.*

But now we shall see an end of this devourer of all good things. His drawing of arteries, &c. on the living body, is merely a base imitation of the "CORPUS MULTIS MODIS VULNERATUM" of Vesalius, who hath drawn his picture of the wounded man with darts and arrows sticking in every limb of him,—hammers knocking at his occiput,—and bullets with wings flying about him in all directions:—But these hints of Vesalius are to be improved to the highest possible perfection! the man is, in the next year's public Johnbellations, TO BE SHOT QUICK IN THE JUGULARS, for the illustration of *gunshot wounds!!!*

The WITNESSES will be innumerable!—The BUTCHERS will be empannelled on the jury!—PHLEGM will sit in judgment!—NECROSIS, with bowels of compassion, will be our Chancellor, and present the record!!! and I, Jonathan Dawplucker, Esq. will be Clerk of the Assize.—The CITY CHAMBERLAIN, will officiate as youngest Bailie,—and in the evening will be illuminations in the College Hall.

*Vivant Rex et Regina!*

" Rejoice ye happy Gothamites, rejoice;

" Lift up your voice on high, a mighty voice!"

ON THE HYDROCELE,

AND OTHER DISEASES OF THE TESTICLES.

OF THE USE OF PREFACES IN SURGERY.

Qui autem omnia metiuntur emolumentis et commodis, neque ea volunt præponderari honestate, hi solent in deliberando honestum cum eo quod utile putant, comparare.—Sæpe enim tempore fit, ut quod plerumque turpe haberi soleat, inveniatur non esse turpe.

HONOURED SIR,

I HAVE hitherto (in passing over your prefaces) neglected one of the chief duties of a critic and commentator, whose care should be, to exhibit his original in the most engaging point of view. Prefaces and dedications are usually written with a degree of spirit and enthusiasm, and yours are composed with peculiar elegance and delicacy.—They have always some interesting relation to yourself, and to others; they are kindly stuck up upon the top of your book,—as finger posts at cross roads, to warn those who may be in danger of losing their way—  
☞ This is the way to ————. In short, one no sooner enters your gate than the eye is arrested by an advertisement, so contrived, as to serve at once a variety of useful purposes. This is a species of composition in

which your two books on hydrocele and surgery are both peculiarly rich : In the following paragraphs, you have imparted some things to the public, which I hope will not be overlooked by those whom they may concern.

“ With a view to illustrate this work, and to give me  
 “ an opportunity of *adverting more particularly* than can  
 “ be done in a general system to many of the *more im-*  
 “ *portant parts of surgery*, I have for many years past been  
 “ occasionally employed in arranging for the press *narra-*  
 “ *tions* of SUCH accidents and diseases, *in the management of*  
 “ WHICH I have been *personally* concerned, AS I conceive  
 “ will *answer this* PURPOSE ; and THEY WILL be judged to be  
 “ the more valuable, as a great proportion of *all* that I  
 “ shall *select* WILL relate to circumstances *in which* I have  
 “ had occasion to act on consultation with other *practition-*  
 “ *ers.*” You also have the goodness to explain to us,  
 that “ when the subject under *consideration* can be render-  
 “ ed more clear and intelligible occasionally, you will em-  
 “ ploy such reasonings as *experience* and common *sense*  
 “ seem evidently to *support* ;” and you will be careful you  
 have told us (in the way of Circumbendibus, a figure of  
 rhetoric which you seem to delight in) “ you will be care-  
 “ ful to state nothing but fact,” so Mercury at your most  
 need help you.

You inform us next, that “ at some future period you  
 “ or your son, now engaged in the same profession with  
 “ yourself, *may* give an abridgment of the whole work,  
 “ which *may* serve as a manual or directory for *those occupied*  
 “ *in the line of* CHIRURGICAL OPERATIONS ; but the concise  
 “ *description* of an abridged work *would* be ill calculated for

“those who have *seen nothing*, and therefore—! THEREFORE, “have all to *learn*.” We are very sensible that it would be a great degradation to *set* your son to write to those who have *seen nothing*, and *consequently* who have every thing to learn; and that his talents lie in a higher line, he ought surely to compose for none but those who are occupied in the line of *chirurgical operations*; all which, though we do most firmly and potently believe, yet do we not think it meet to have it thus set down; for though there are infinite advantages in an oblique puff, the puff direct! implies an awkwardness in those who are obliged to use it; and a kind of necessity in the case, which it is dangerous to acknowledge, which is sometimes fatal even to truth. In the present instance, for example, your anxiety on this score is enough to hurt the literary reputation of your son, which, but for some misadventure of this kind, never could have been called in question. Consider, Sir, that while he is oiling his eyes\*, or while you stand amidst your friends sweating for his recitation † of *this precious lesson*, the whisper may go round even in your own chosen circle, “*Quis expeditivit plittaco suum—XAIPE—XAIPE.*”

In the Preface to this book on Hydrocele, you mention some things which are of infinite importance to the public, as well as to your son and yourself: You have told us, that this book is written in some degree to prevent the

\* The Roman school boys, when they could not recite their best lesson, the “*Verba morituri catonis*,” were wont to anoint their eye-lids with oil to make them sore.

† “*Quæ pater adductis sudans audiret amicis.*”

public being deceived by a set of impostors in surgery, who have learned a piece of legerdemain, from which you have an utter aversion (as you have, indeed, from every thing that is mean or cunning), viz. the tapping the scrotum with a lancet,—squirting in a little red wine, and persuading the credulous that they are cured of a disease which is incurable, except “by an incision as big as the part will allow!—crammed with scraped lint as deep as it can go!”—You in mere charity take upon you to inform the lieges of their danger; tell them “about *some late attempts* to bring forward again the use of injections for the cure of the hydrocele in this country;” and you finally ease your heavy conscience, by declaring, for the peace of their souls, and health of their bodies, that those who have had the scrotum cut up according to the true principles of systematic surgery, have all thriven remarkably! that you have cut up 365 (exactly a year’s labour) with your own hand, who, *notwithstanding*, have all done well; but that “all those who have been cured with wine injections are so imperfectly cured, that they will certainly have a return of their complaint at least in three years!!”—And so they would, Sir!—if you were a conjurer, which certainly you are not;—or if you could buy knots of wind from Laplandish pawawers to fill people’s tunica vaginalis with. You have, in the mean while, given those unlucky gentlemen a mark to know you by:—they will hardly take a glass of wine without muttering wishes for your welfare: and having accustomed many of them to think about you with no small anxiety for three years! I dare say, you have ensured their gratitude for life.

Which of all these passages is the best composed, is not for a mere critic to decide: Your partners will better understand where you have composed skilfully; the *effect produced* being the truest test of the excellency of this kind of composition. You have told us, that the hydrocele cannot be cured by injection! that all those who have been so cured by other surgeons will have a return of this disorder in three years! that you have cut 165\*; and dressed them with oiled cadefs!!! and not one of them has died! that you are going to publish a great book of observations and consultations! that your son has entered into practice along with you! and that, like his father, he is not a mere surgeon, but is (or at least is to be) an author.—If the public will not understand this!—prefaces will soon be out of fashion, and one might as well pare corns, and advertise in the newspapers, as cut hydroceles, and write books.

This book, we understand, was once but a chapter of your first volume; but there was too much valuable metal in it to leave it in that quarry of unblasted ore. You have a facility in turning and twisting, welding together, and separating again, your stuff; such as we have never observed in any other manufactory. Those who have remarked the various transmutations of your first volume on Ulcers, and of this your book on the Hydrocele, and of your book on the Venereal Disease, will acknowledge you to be a cunning workman,—at least, in your OWN PECULIAR METAL.

\* I here correct my quotation. Proud of the honour I have of recording Mr. Bell's successes, I had magnified them in a former page, saying 365, in place of 165.

Your books are made of malleable stuff! you take out a lump, give it a few turns upon the anvil, and a few thumps of the hammer; and behold, it comes out quite a new article of trade.

### SECTION I.

#### *Of the Anatomy of the Testicle.*

O ptinam nova incude diffingas\*.

WHEN the celebrated Captain Cook was circumnavigating the antarctic regions, he often observed an obscene bird chasing the others for their offals. By screaming and flapping around them with its wings, it so alarmed them as to make them drop their tribute, which he darted after with such hungry expedition, as to catch always before it fell into the sea. You will observe, gentle reader, how Benjamin sails and floats heavily along, while I go screaming and whirling around him like one of those foul feeding birds, dodging the albatross, through the oceans of mist and snow.

Before we begin, I stop one moment to give you a piece of advice:—Lose not one word of this precious text—read gently! read slowly! Discoveries are here heaped thick upon one another, and the anatomy of the testicle is so described, that it will be worth your while to get this lesson by heart! recite it to your friends at leisure hours!

\* “Do, dear Benjamin, give it another turn upon the anvil.”



do not, I beseech you, do not grudge to communicate that amusement to others. which I communicate so freely, and have been at so much pains to procure.

“ As the *diseases* we are now to *consider* are chiefly feated in the coverings of the testis, I have given a more particular *description* of THEM, than is *necessary* in speaking of the testis *itself*; with respect to *which*, I shall *only* observe, that it is *evidently very* vascular, being composed almost entirely! of *different convolutions* of blood-vessels!!!”

Gentle reader, this is the description of the testicle;—this is the whole!—Short but valuable—A precious jewel in a small casket!

The testicle is a gland whose colour is peculiarly white; its coats thick and strong; its blood-vessels few in number—singularly few! its arteries are long and straight, both as they descend towards the testicle, and where they spread upon its membranes; the veins appear convoluted and numerous only in disease: the whole gland is so white, that the ancients ascribed no red vessels to it, and they called its white and bloodless substance by an appropriate name. But the chief peculiarity of the testicle is the seminal tubes, which are colourless, and convolved in a very surprising manner. This author had heard of the Tubuli Testis, but could not describe them: he remembered something about convoluted vessels; (and what can convoluted vessels mean, thinks he, but convoluted arteries and veins?) He applies the description of these Tubes of the Testicles to its blood-vessels. His recollections of anatomy

are not much unlike Madam Malaprop's recollections of Shakespeare.

Indeed, Mr. Bell, I know of nothing equal to your description of the testicles, except the following description of certain ORNAMENTS, called the Female Breasts:—"The SITUATION and APPEARANCE of the breasts are so obvious, that they require no description!"—"The breasts are of a glandular structure, supplied with many lymphatics, blood-vessels, and cellular substance. In the *unimpregnated state, they may be said to be useful! only as ORNAMENTS!!!* But at the end of pregnancy they *furnish* milk for the nourishment of the child!!!"

For a moment I suspected that you had been so obliging as to compose this description for a certain illustrious author—to be USEFUL merely as an ornament!!! But when I mention his name, every one will be sensible, that this, and all the other ornaments! advertisements! prefaces! and enunciations of HIS son! are made by himself. Who does not know Dr. ——— and Dr. ———'s son; for Dr. ——— also has a son, of whom he seems also somewhat proud—and with good reason, as you will perceive by the following extract from that delicate, elegant, witty, and judicious book, which ladies are taught to read; a book designed (as once on a time good books were), "for the closet," "for the use of families."—Dr. ——— says, in his preface, that he "was thunderstruck with the difficulties which presented themselves to him, when he first perceived the necessity of altering the style and form of his book. The importance of the object, however, rendered

“ him insensible to the difficulty of the undertaking ! and  
 “ the aid which he derived from an assistant ! who has DE-  
 “ VOTED himself to the same *line* of profession—his own son !  
 “ —encouraged him to proceed with the task \* !”

\* “ O Jephtha, judge of Israel, what a treasure !” —Whoever desires to know more of the Dr. ———s, father and son, must be at some pains to seek for a pamphlet, written with singular spirit and address, by Dr. Gregory, Professor of the Practice of Physic. It disappeared very suddenly, for it had enough of spunk to run off fairly upon its own legs ; but the Guide to Students, “ *lucus a non lucendo*,” was really worthy of the celebrated professors to whom it was ascribed ; it again was carried off in the lids of band-boxes and travelling trunks, “ *cedro digna locutus*.” All that remains of it (for very little of it remains, thanks to the Scombri et quicquid—*ineptis amicitur chartis*), is now travelling round the world in this fashion. But there are other ingenious works *brought forth* daily to replace these occasional losses, and, among others, “ a family book,” a vade mecum for pregnant ladies, and for young ladies ; where, though the main body of the work is by the elder professor of midwifery, the ornaments ! are certainly by the junior professor, and are in the very finest Arabesque style. For example, he declares, in his Preface, that “ the style of the following sheets is simple. Elegance and meanness of “ language would have been equally INADEQUATE to the subject.” —“ Technical terms are only substituted for English expressions, which are “ thought to sound harshly to delicate ears.” Then the young assistant comes to his delicate ornaments in the simple style. “ Although the external form of women, except in certain respects, appears nearly the “ same with that of men, yet there are some general circumstances in “ which they differ MATERIALLY.” —“ The lower part of the belly of “ women is different from the same part in men,” —“ and the sacred bone “ is broader and more hollow, and the rump bone is very moveable, and “ can be pushed back.” Whether there is more of simplicity or of delicacy in these passages, we are at a loss to decide ; but the simplicity of the following passage is quite OBVIOUS : “ Being called by a very judicious medical practitioner to visit a lady whose case seemed very uncommon ! she had been, I learned, for three days in very strong labour,

But the description of descriptions is that which follows, —of the Scrotum, and the Septum;—and the Rapha, and the Dartos;—and the cellular substance, and the ligamentous substance;—and the inflations with air,—and the injections with water;—and all the other curiosities, anatomies, anomalies, and analogies,—which serve to explain anafarcas, and hydroceles, and double hydroceles, and hydato-hydroceles:—It is incomparable! incomparable!—Gentle reader! read gently! Learn also to recite these descriptions.

“ BESIDES *the vaginal coat* proper to each testicle, the two testes have for their *farther! protection, a more external covering, the scrotum! a bag! formed almost! entirely*

“ but the child could not be delivered in consequence of there being no *outlet for it!!!*”

The *thing*, we know, is neither *curious* nor *rare*,

But wonder how the devil it got *there!*

The celebrated assistant professor is not insensible to the wit of this passage; for he marks the three last words, as I do, in Italics, *Vid.* page 107; in page 99. we are told how many young ladies are lost by consumptions for want of accoucheurs; in page 122. we have directions how to frighten an old woman, or a woman beginning to grow old! out of her wits. The whole book is one uninterrupted advertisement of “ a SKILFUL and ABLE PRACTITIONER;” and if this book did not carry the sacred title of a “ family book,” not to be profaned by unhallowed hands, I should recommend it to young men as an excellent substitute for Lewis’s Monk. Thus you may perceive, Mr. Bell, that no one is so perfectly qualified to abridge or adorn a father’s book in the true spirit of the original as a son. You may encourage the abridger of your works by an honourable precedent.

“ Vis frater ab istis

Ilibus? —————

Vos estis fratres.”

“ of skin and cellular substance ; for *that body!* the DARTOS,  
 “ which has been *commonly* described as muscular, is now  
 “ *clearly proved to be altogether cellular !!* Even the SEPTUM  
 “ SCROTI, or that membrane which divides *one testicle!* from  
 “ *another!* is composed of cellular substance in a more  
 “ condensed state. *By air* IT is *easily inflated*, and IT is *also*  
 “ *pervious to water* ; so, *of course!* it partakes of all those  
 “ watery effusions, to which the more external parts of the  
 “ scrotum are liable !!!

“ *This structure of the scrotum!* it is *necessary to be ac-*  
 “ *quainted with*, as, from the descriptions which, *till of late!*  
 “ have been given of it, *young practitioners!* are induced to  
 “ consider it as muscular !!! and to suppose the septum,  
 “ with its *rapba*, to be *ligamentous !!!* and hence they are  
 “ *led to be* more cautious than they *need be* in performing  
 “ operations upon it !!!

“ *Having thus premised an account of the anatomy of the*  
 “ *parts in which the water in hydrocele is collected*, I shall  
 “ now proceed to consider the different varieties of the  
 “ disease !!!”

If you feel any difficulty, gentle reader, in applying those anatomical descriptions to the diseases which you have hitherto read of in other books, do not suffer yourself for that cause to be cast down ; for the author, who is thus capable of abridging the anatomy for you, is not less capable of reducing the diseases of those parts to a corresponding simplicity. Learn, gentle reader, that hydrocele is only of two kinds ! the encysted and anasarca ! That the testicle is in its body and substance as liable to anasarca as the scrotum is ! That the spermatic cord is as liable as either !!!

“ All the varieties of hydrocele which have been mentioned by authors, may, I think, be *comprehended* under the two following, the *anasarcous* and *encysted*!!

“ In the former, the serum is diffused *over* all the substance of the PART in which *it is seated*; it is not collected in any particular cavity, but occupies equally all the cells of the PART: In that which I term encysted, the water is collected in one distinct bag, and a *fluctuation* of a *fluid is*, in general, perceived IN IT!! The scrotum, with its *contents*! the testicle and *its appendages*! and the spermatic cord, *with its coverings*! are liable to both varieties of the disease.”

Mr. Benjamin Bell, your head is surely (as our professor of chemistry would say) “ a metaliferous mountain \*,” and we are now driving a shaft straight onwards along one of the richest veins!!! You have discovered by conjecture many very curious things in surgery! but such a conjecture as you have made here!!! It will make your son himself—when he comes to abridge it—hold up his hands!

“ As soon as water has collected in any considerable quantity in the scrotum, a soft, inelastic, colourless, tumour, is observed over the whole of it. The tumour at length becomes large; and although originally confined to the scrotum, it at last spreads up the groin! The penis likewise becomes affected, and often so swelled and distorted, as to excite much inconvenience and distress; and although the scrotum is composed of parts which readily admit of dilatation, yet, in some instances, the tumour becomes so enormous, as to *burst from one end to the other*!!!”

\* *Vide* Philosophical Transactions of Edinburgh.

Was the like of this ever heard of? If you, Mr. Benjamin Bell, will undertake, either by any of the cases in your two new volumes (which by the by we are all wearying for), or from any of the thousand books which you have read, or by the help of Gargeneot, or by the report of any honest respectable well-meaning surgeon! to prove! that any tumour, great or small, Abscess, Hernia, Hydrocele, Bubo, Aneurism, or Anasarca: Wen or whittle; melicerous or cancerous;—of the bladder, of the stomach, of the intestines, or even of the womb itself (though torn in the violence of labour), has burst FROM ONE END TO THE OTHER!!! I will hold out my right arm, and let you bleed me in “the vein that lies most under the fascia,” as often as you please.

“With respect to the hydrocele of the dartos! a disease particularly described by ancient writers, as that part of the scrotum is now known to be entirely cellular, so any water collected in it must TEND to form that very disease we have just been describing, an anasarcaous swelling of the whole scrotum!!”

On this subject, gentle reader, we will not dispute with Mr. Bell for very obvious reasons.

“The symptoms induced by hydrocele are these! A soft COLOURLESS TUMOUR is at first perceived at the inferior point of the testicle! it is chiefly remarkable when the patient is erect!!”

This symptom of hydrocele, viz. a colourless tumour, is seldom wanting, and the progress of the symptom is critically and elegantly described, in the following paragraph.

“ For a considerable time, it does not extend farther than the *usual boundaries* of the scrotum ; but, on longer continuance, it advances *to the abdominal muscles* ! In the early stages of the disease, when the contents of the tumour *are discoloured* ! and when the vaginal coat has not yet acquired much thickness ! the fluid contained in it, on being exposed to this trial, usually appears transparent ; and, in meeting with *it*, we necessarily consider it as a *coroborating proof* of the *existence of serum*.”

Gentle reader, you will perhaps agree with me, that in this paragraph the author, by DISCOLOURED, means colourless ; and that by meeting with it !! he means MEETING with the FLAME of the CANDLE ! *through* the scrotum, &c.

“ *The absence, however, of this ! is not a proof of the contrary* ; for, as the transparency of the tumour depends entirely on the nature of its contents, and on the thickness of its coverings, whatever tends to render the *one less clear*, and the *other of a more firm texture*, must, in proportion to this effect, *invalidate the certainty of the test !!*”

Here the author proves very CLEARLY, that whatever makes skin thick, or phlegm muddy, has a wonderful effect in preventing our seeing through the said skin and phlegm !

“ These are the usual appearances of a hydrocele, where the disease is confined to one side of the scrotum. In some instances, however, we meet with a *double hydrocele*, when the disease occupies the cavities of both *tunicæ vaginales* ! and *in which the tumour, instead* of being confined to one side ! of the scrotum, occupies the whole of it equally !! !”



If I had not fallen upon this invention of *cutting up* the paragraphs, discoveries must have crowded so upon me, that ——— “ would heart of man once think it—there’s ne’er a double hydrocele, be it, of what size it will! but it occupies both sides!”

“ In the hydrocele of the tunica vaginalis, the tumour begins at the bottom of the scrotum, and proceeds slowly upwards. In two cases, I have met with the testicle on the *anterior part of the hydrocele*; and, in a third, although fixed behind in its usual situation, it also adhered at one point to the middle and anterior part of the tunica vaginalis! !”

This is just the same trick that its cousin-german the hernia plays when it gets “ sometimes before the femoral artery, sometimes on the inside of the femoral artery, sometimes on the outside of it, although even that is nothing equal to this cunning of the testicle getting to the fore part of the hydrocele! It may now be added to the diagnosis as a marked peculiarity of hydrocele, that it is more cunning than hernia\*.

\* “ In a few cases we find these two varieties of hydrocele existing at the same time in the same patient. In *this case* the serum, although collected in *two distinct cysts*, gives the appearance of one uniform tumour; and a fluctuation is distinctly felt from one end of it to the other. But, in any instance that I have seen of this combination, the tumour has been somewhat contracted, having rather a less diameter at that part where the two collections are separated from each other; so that, where this appearance takes place, we may, in general, suspect, that the serum is collected in *two distinct bags*. This is not always indeed the case, for occasionally I have met with it where the disease was *fixed* in the *tunica vaginalis alone*.”

The hydrocele, gentle reader, is a disease which never was nor ever will be cured by outward applications; yet Mr. Benjamin Bell, willing to have it understood that there is nothing which he does not know, nothing possible which he could not do, has chosen to favour us with what are usually called his sentiments on this subject.

“ I have employed a variety of stimulants and astringents, such as a volatile liniment, prepared with six parts of oil, one of camphor, and one of spirit of hartshorn; tincture of cantharides; the steams of vinegar; poultices of vinegar and crumb of bread; and compresses of linen, soaked in brandy; and the practice being neither attended with difficulty or hazard! I mean to continue it till farther experience shows, whether it should be retained or not! That it will often prove successful in removing a hydrocele, by promoting the absorption of the fluid contained in the tunica vaginalis, is scarcely to be expected; but we may *reasonably suppose*, that stimulating applications, *capable of exciting inflammation in the testes*, may accomplish a cure, after the water has been drawn off *with a trocar*.”

Here is a conjecture, a curious and nice one; there is no doubt but that the author, even while he was writing this book, might have converted his conjecture into an experiment; it was PERHAPS, HOWEVER, wiser to leave it as a conjecture; here it stands, an eternal monument of the ingenuity and deep thinking of the author!

This volume, gentle reader, was selected from among the works of the author, and was reprinted by itself, for

purposes which the preface explains, but chiefly on account of two "improvements which the author now suggests in the treatment of hydrocele by the simple incision:"—"He conceives them to be important, and that they render the operation easy, certain, and safe;" and foul befall the man who tries to conceal such improvements from the world.

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### IMPROVEMENT I.

"After finishing the operation on one side, an opening is made into the vaginal coat of the opposite testicle, *at the upper extremity! through the septum scroti!* and the incision being carried down to the *bottom of the tumour*, the cyst is thus equally *well laid open*, the water is as completely evacuated, and the disease is not more liable to return, *than by doing the operation, in the usual manner, and at different times.*"

### IMPROVEMENT II.

"Having frequently found, that the dry lint *inserted* into the tunica vaginalis, *adhered*, at the first dressing of the parts, so firmly to the surface of the testis, that it could not be *withdrawn*, I at last *began to conclude!!* that this might render the inflammation more severe than it *otherwise would be*; and it soon appeared that my *conjecture was well founded!!! For several years past, I*

“ have covered the pledgits applied to the surface of the  
 “ testis, *as has been advised above*, either with fine oil, or  
 “ with a thin liniment of oil and wax, which answers bet-  
 “ ter!!! This gives much less pain, in the first instance,  
 “ than dry lint, and the pledgits never adhere to *the conti-*  
 “ *guous parts*; so that they can be AS EASILY removed at  
 “ *the first dressing of the sore*, AS at any future period of the  
 “ cure!!!

“ The effect of this, and of proceeding in the other parts  
 “ of the treatment, in the manner I have mentioned, has  
 “ been, that, during all this period, the inflammation has  
 “ never gone farther than I could have wished it to do;  
 “ never so far as to excite the least cause of anxiety.”

### IMPROVEMENT III.

“ From want of attention, I have known the testicle  
 “ entirely extruded from the scrotum, and, in one instance,  
 “ from sufficient pains not being taken to replace it, the  
 “ *cure was completed* with the testis *in this* situation; when,  
 “ instead of being covered with the vaginal coat and scro-  
 “ tum, it was covered with scarf skin only.

“ The *best method* of preventing such a misfortune, is,  
 “ to draw the edges of the divided tunica vaginalis and  
 “ scrotum nearly together, after the testis has been proper-  
 “ ly placed, and the *pledgits of oiled linen inserted*; and,  
 “ *in this situation, to secure them*, either with *a couple of su-*  
 “ *tures!!!* at proper distances from each other, or with slips  
 “ of plaster, *sufficiently adhesive for retaining them.*”

There is nothing necessary to make this paragraph perfectly elegant, but that Winifred Jenkins should have had the spelling of it: "A kipple of em" was a favourite expression of hers also.

Having praised and described this bloody operation, he next describes the consequences of it\*.

\* "In most cases, the inflammation of the testicle does *not rise higher* than it does in the simple *hernia humoralis* from gonorrhœa; and it gradually subsides as the suppuration advances. *The abatement of the inflammation is also assisted* by continuing a cool diet, the occasional use of opiates, and keeping the belly open.

"I have, in various instances, seen, when the dressings have not been removed for six or seven days, and in some cases even in less, that the whole contiguous parts have been escoriated by the acrimony of the matter alone, and by which more uneasiness has been induced during the course of the cure, than by any circumstance connected with the operation: *Nay, in some*, the inflammation induced in this manner has an obvious influence on that of the testicle, and tends to render it much more severe than it otherwise would be.

"On some occasions, at the first dressing, and always at the second or third, the pledgits inserted between the tunica vaginalis and testicle come away; and, *whenever this happens, they should be renewed*. It is also proper to renew them *daily*, for the first *fourteen or fifteen days* after the operation; *not, however, of the same depth as at the first*, as, during the latter part of the cure, it proves sufficient, if they are merely *inserted so far as to prevent the divided edges of the tunica vaginalis from adhering to the testicle before the adhesive process has taken place in the parts more deeply seated*. To this point, I must observe, the most particular attention is necessary; for, *when this mode of operating fails*, that is, *when the disease returns*, it is, almost in every instance, from this precaution being *overlooked*. In my own practice, the disease has not returned in a single instance; but I have *met with different cases* in which it has *done so*, and in all from the cause I have mentioned, *viz. the divided*

The language in which these wonderful improvements are explained to us, is such as we are always to expect from Mr. Benjamin Bell. But the rudeness of this operation, the harshness of these dressings, nay (as he says), "nay even the interposition of lint covered with oil," "inserted deep into the wound," "AND pledgits of ointment covering the large fore," "AND rendering removal easy," "AND relieving the distressful uneasiness!!!"—all this sounds to a modern surgeon much like the translation of some old book of surgery, where ignorance, harshness, and boldness, and quackery, in the affairs of diseases of the private parts, go hand in hand. How much will modern surgeons be astonished upon being informed, that they have been driven into a variety of very foolish experiments, merely from an ignorance, highly culpable, of this great improvement of a piece of oiled lint.

"Others!! from not being so fortunate! and with whom  
 " a high degree of inflammation was often induced, not  
 " *conceiving* that this inconvenience *could be lessened, eüber*  
 " *by any alteration to be made in the mode of performing the*  
 " *operation, or in the management of the dressings!!!* were  
 " naturally induced to make trial of other means of ob-  
 " taining a radical cure of the disease."

This is the cause why they have gone a-whoring after new inventions.

Mr. Benjamin Bell,—If in these paragraphs you have

" edges of the *tunica vaginalis* being allowed to adhere to the testicle before adhesion had taken place *between the parts more deeply seated.*

" In almost every circumstance, the treatment of hydrocele by this operation is the same with what answers best in a common abscess."

spoken for yourself only, you may have spoken very truly, and have given a faithful representation of your practice;—but if you mean to represent to young men the principles of modern surgery, you have belied your brethren, and maligned the art. You have delivered something like the practice of the last century, as a lesson for the young surgeon of the present day! hardly is any thing wanting to make your description perfect, except the use of fire! for the older surgeons were as faithful worshippers of fire as you are of the knife, and now we may easily perceive that similar sacrifices have graced and exalted both religions.—Nothing is wanting to make your operations perfect, but thrusting the red-hot poker through the bag (as you term it); that would indeed preserve a free drain, and prevent the collection of matter! A drawing of the hissing poker is given by Scultetus, and you may easily revive that obsolete way of obliterating the *bag*, without disgracing those principles of systematic surgery which distinguish your valuable WRITINGS.

Your cutting up the scrotum in its whole length! your cutting up the tunica vaginalis of both sides, by an incision made through the septum scroti!!! your stitching these wounds with a kipple of stitches, to prevent the testicles falling out!!! your oiling the lint to prevent it (the said lint) from sticking to the testicle! and your thrusting the said oiled lint as deep as possible, to prevent the testicle, in its turn, sticking (or adhering) to the vaginal coat, are great improvements!!! worthy of the inventor.

But “ the disease returning, in almost every instance, from these *little* precautions being overlooked;”—“ the dis-

ease returning, after incision, in *different* cases in the practice of others, but never in your own!!!”—the cutting open both scrotum and tunica vaginalis quite down to the bottom of the tumour, lest matter or serum should lodge there!—the dressing down to the bottom of the tunica vaginalis, for twenty or thirty days! your surgeon-like indifference to a swelling of the testicle, equal to that which happens in gonorrhœa (which is by far the greatest and most painful swelling of that part we know of):—are poor evidences of your success. These accidents, Sir, which you have so honestly enumerated, though they may be admirable specimens of your mild and modernized surgery, form but an unhappy prologue to your arguments against curing hydrocele by injection; for that cure is so easy, compared with your long and well stuffed incisions, the swelling which follows after injecting is so singularly large, and yet the pain is so slight, the swelling also subsides so very gradually and perfectly! that the surgeon who tries this method for the first time, is both surprised and pleased with his own success.

The phenomena attending the cure by injection are simply and modestly related by Mr. Earle of London, on the subject of whose claims to the gratitude of the public, and the thanks of medical men, I shall say a few words.

There has prevailed among the writers on our art, an ungenerous invidious custom of searching the musty records of ignorant times; not for the purpose of encouraging science, or promoting discoveries, or supporting truth,—but for discouraging, insulting, grieving, with absurd imputations, those by whom any new or ingenious



operation is proposed.—If the celebrated Harvey was thus insulted, well may Mr. Earle esteem it an honour to be abused.

It is on occasions of this kind that scraps of authority are produced! unintelligible as the monkish Latin of a feudal parchment! but, like it too, of force sufficient to transfer the right of some ingenious invention from its lawful owner to some antiquated fool, whose moth-eaten pages are all neglected except this precious text!—some barbarian of Arabia, or of more barbarous Europe, who, writing like your wife self, “about it and about it,” has blundered upon some expressions, too ambiguous to suggest any real improvement, to serve a good purpose, or be useful to science,—too ambiguous also not to be useful to some malignant and envious man! Even for such purposes are these ghosts conjured up, from the “vaults of all the Capulets.” The men who sit thus sullenly brooding over the inventions of others, imagine the very things they look for in these old books, just as you, Mr. Benjamin, in your eery moods or poetical wanderings, see Turks heads in the fire, and camels in the clouds? But why should I talk to you about the vaults, and the clouds, and the camels, and the Capulets? you look (as Sterne says of those who are intent upon the affairs of this world), neither upwards nor downwards, but straight forwards, towards better things. I acquit you (as I have already acquitted you) of conjuring any where, and least of all in the vaults of the Capulets, which you never have profaned: But you have conjured in your own way; you have retailed the history of this method of cure out of Mr. Earle’s own book; you have

pelted him about the ears with his own learning: You have disputed whether his practice be new or old, when you should have been debating whether it was right or wrong.

There is no doubt, Sir, that we are able to accomplish the obliteration of this or of any sac by cutting it out, or by cutting it open its whole length, or by thrusting a red-hot iron in at the top and out at the bottom of the *bag*. And in double hydrocele, there is no difficulty in obliterating both sacs by opening both at once, and cramming both with lint. But after having found out these sure ways of performing the cure, it was not unnatural—(whatever you may think of the suavity of this surgery) to seek out for an easier way!! For this reason, and not for want of confidence in the old method of cure, nor for want of the oiled lint to make it easy! have surgeons made various experiments. They have cut up the tumour with various forms of incision; they have cut it open with two smaller incisions in place of one large continuous incision; they have sometimes cut it up with one long incision, and sewed it in the middle; they have opened it (the *bag I mean*) with caustics! irritated it with setons! tormented it with tents and escharotic dressings: They ventured at last to pour injections into the bag; but their injections of spirits and corrosive sublimate were so strong, that they produced dreadful pain. It was about fifty years ago that these injections were first used; till lately they were forgotten: But now that Mr. Earle has revived the method by injections, managing the cure with prudence and skill; the pains and suppurations attending the old me-

thod are produced as arguments against his milder operation, and the corrosive sublimate and ardent spirits are most disingenuously contrasted with his harmless injections of wine and water.

When we inject a hydrocele, the striking in of the trocar is not more painful, as is acknowledged by all, than BLEEDING IN THE ARM \*. The drawing off of the water gives us leave to feel the condition of the testicle, the condition of which we judge of in every case by the feeling, and not by the sight. The throwing in a little wine and water gives no pain; the patient feels a rolling sensation, a slight and momentary pain shoots up to his loins; in two or three days the tunica vaginalis (not the testicle, as in your incisions) swells; the swelling is surprisingly large! but there accompanies it only a sense of weight and a slight uneasiness, which the patient rarely condescends to call pain. For some days the patient lounges upon his fettee, reads his book, plays cards in the evening with his friends, sleeps soundly, eats well, and puts a solution of sugar of lead to the *bag* if it inflames, and in four or five, or, at the utmost, in eight or ten days, goes about his usual affairs. A disappointment is rare. If the disease returns, it returns immediately, and the patient does not suffer even the unhappiness of suspense. When the disease does return, it is only because the patient has not suffered that slight uneasiness which is necessary to his cure †; and

\* *Vide* Earle on Hydrocele.

† “ When inflammation excited by an injection goes too far, and with  
“ whatever care the operation is done this sometimes happens, the distress  
“ produced by it is severe. Besides the pain arising from the inflamma-

he submits willingly to a repetition of that method which has failed only because of its being too gentle! he has no more reluctance at being tapped in this way for the hydrocele any morning before breakfast, than he would have to be bled for a headach.—Thus, even when it fails, no harm is done! there are no incisions, no suppurations, no coarse dressings with oiled lint, no grievous confinement of two months! This easy operation has succeeded, even where your painful incisions have failed! Mr. Cooper, surgeon in Glasgow, has lately cured by injection a double hydrocele, which, “would heart of man once think it,” occupied both sides! and was cut with incisions by a certain

“tory stage of the disease, if suppuration takes place, the patient must submit to that painful distension which the sudden formation of matter in this confined state always excites; to the febrile symptoms with which it is attended; and to an incision equally extensive for discharging the matter, as if the mode of cure by incision had been adopted at first!!!

“As an argument in favour of this operation, it is said, that, when it fails, we still have it in our power to perform it over again, or to advise the radical cure by incision. This, however, *leads to much vexation, distress, and disappointment*, in the first instance, while I think it probable, that one effect of injections, when they do not succeed, must be, to render any other operation that may be afterwards performed, more uncertain than it otherwise would be, or to require a higher degree of inflammation to be induced.

“Now, if this is the fact, and I firmly believe it to be so!!! that injections, in a great proportion of cases, act chiefly by their *astringency!* and not by DESTROYING the cavity of the tunica vaginalis, they may *readily be supposed* to render not only the tunica vaginalis, but even the *surface of the testis, MORE callous than it was before!!!* by which a greater degree of inflammation *will be required* than might *otherwise* be sufficient!!! when any other operation becomes necessary for the cure of the disease!!!”

surgeon! who PERHAPS, HOWEVER, may *not have known* of YOUR improvements of the KIPPLE OF STITCHES and OILED LINT.

Except one unfortunate case operated upon in the Royal Infirmary by Mr. John Bell, we have heard of no ill accident. In that case the *bag* suppurated, the testicle was exposed for some days; but I will explain this misfortune by a theory which I am sure you will subscribe to very willingly: The sufferings of that single patient were owing, not so *much, perhaps, however*, to the natural dangers of the operation, as to some mistake on the part of the surgeon; and I trust he has more honesty than to wish that a good operation should bear the ill report of his awkwardness.

You have made many very pretty conjectures upon the effects of injections upon the tunica vaginalis and testicle; pray, Sir, is it not in your power to convert these conjectures into experiments? Could you not have spared one out of your 165 patients \*, some poor man now, to make trial of it upon? Or were you rather provoked at seeing the trial made upon a very rich man, of very extraordinary abilities, and of the first rank in this country? Did the story told by the Prince of Wales's physician † give

\* " I have now performed this operation in one hundred and sixty-five cases, and in every variety of age, from the third to the seventy-fifth year: not one of the number has either died or been in danger; nor has the disease returned in any of them. In various instances, at first, the inflammation, as I have observed above, arrived at a considerable height; but not in a single instance, since the operation has been done in the manner I have mentioned."

† *Vide* Duncan's Medical Commentary.

you a dislike to the operation? Go to, Sir, inquire into these matters a little (if it be no degradation to you to inquire into matters belonging to your profession), you will perhaps find reason to retract the rash opinion which you have obtruded upon the public, with violent symptoms of jealousy, and much of the effrontery of "an interested and ignorant practitioner."

I have good reason for not asking you any questions about the cure by injection: but allow me to ask you a few concerning your own improved operation of the double incision and oiled lint.—When you cut up the sac and scrotum with an incision down to the bottom of the tumour, is not the incision nine or ten inches long, and often more than a foot in length?—Does not that great wound inflame in four or five days, and suppurate plentifully during the rest of the cure?—Is not the oiled lint thrust down most inexorably to the bottom of the wound?—Is not the reunion of the lips of the wound carefully prevented, till there be a filling up of the sac, or a total adhesion of the testicle and sac?—Is it not your principle to treat hydrocele like an abscess, the whole cavity being brought to suppuration?—If all this, or much of it, or any of it (for I will not let you slip off the hook), be in any degree true? If every cure of yours begin thus with incision, suppuration, and swelling of the testicle! then will I tell you very exactly how the account stands betwixt you and Mr. Earle. Your successes begin! just where Mr. Earle's mistakes, or misfortunes end:—Your cure begins with incisions, swelling, suppuration, severe dressings, long confinement, great pain!!!—Mr. Earle's patients suffer but a temporary swell-

ing, a slight uneasiness, which they seldom choose to call pain: there is no incision—no open wound—no painful dressings—no swelling of the testicle, (but only of the sac, or tunica vaginalis which surrounds it); and the end of his worst and most unhappy cases is but suppuration, and a necessity of opening the scrotum with a lancet, and of treating the case according to your principles, “like an abscess.”

There are two things you seem to have forgotten entirely; that there is a duty which every man, honoured as you are with the confidence of the public, owes to that public! Have you not also forgotten your own very elegant Ciceronian reflection? “That every practitioner is apt to be  
 “prejudiced in FAVOURS of a PARTICULAR METHOD, so that  
 “he generally continues to practice that mode, and NO  
 “OTHER; and finding it COMMONLY succeeds, he by de-  
 “grees comes to PERSUADE HIMSELF, that other methods of  
 “cure, with which he has not had such opportunities of  
 “becoming acquainted, are liable to objections, which  
 “those who have practiced them DO NOT FIND TO BE THE  
 “CASE?”

You seem also to forget entirely the report which you yourself have given of this method of cure by injection.  
 “It often happens, that the *pain is inconsiderable* from the  
 “first: *Scarcely any* inflammation or tumour is perceived  
 “on the testis; and the patient, considering himself as  
 “well, walks abroad, in ten, twelve, fourteen, or fifteen  
 “days!!! But, with others, a very severe degree of pain  
 “takes place on the first introduction of the injection, not  
 “merely in the testis, but in the back, and over the whole

“ loins. In most instances, this soon becomes *moderate*,  
 “ and the *treatment!!! goes easily on*; but, in others, it is  
 “ succeeded by great inflammation in the testis and scro-  
 “ tum; and, *in a few*, this terminates in collections of  
 “ matter within the cavity of the tunica vaginalis.”

Let me remind you, that while it is in some only that the injection “ is succeeded by great inflammation in the testis and scrotum,” no patient whose scrotum has been slit up with the knife or scissors, can escape a very severe inflammation! If in a few only the cure (by injection) terminates in collections of matter within the tunica vaginalis, then there are but few cases in which we need to recur to your principle of treating hydrocele like an abscess. —I know the sensibility and tenderness of your disposition, and would fain instruct you from your own book (for you have resolved to be instructed by no other); I wish, out of mere tenderness to your milky nature, to satisfy you, that this method of Mr. Earle’s, considered merely as an experiment, is neither a desperate nor a cruel one.

And now, Sir, I will honestly confess to you, that your reasons against this operation seem to me so weak, that I cannot but think your prejudices must be proportionably strong. One author has satirized our whole trade, nay, slandered it most villanously, by prophesying that this operation would never be well received: And why? do you think: Because “ surgeons have a better chance of getting fifty guineas for a good long incision, than for a squirt-full of Port wine?” I know I am in no danger of offending you, by repeating this vulgar, insolent expression; for had this been your reason, you never would have flood



higgling with the public, but would at once have said of the operation, "It won't do." You have an antipathy, not so much to the operation, as to the man who proposed it. Mr. Earle insinuates, that you must know little about your profession who are ignorant of the meaning of the word Hydatid, (a word which is now in every mouth). It was indeed unlucky that you had not read Bidloo, Swammerdam, and John Hunter, with the pilfering diligence of your namesake Jonathan! Was it not a pity, since you undertook to talk about hydatids, but that you had known of their being living creatures? You might then have escaped the criticisms of Mr. Earle; you might have recovered your *faux pas* handsomely enough; and when all the other surgeons were performing this cure by injection, you might also have been performing it with great eclat; or, at least, you might have been "remarking in your own way, *that you had often thought of putting that OPERATION in practice; and that you had now made, upon different occasions, various trials of this remedy; and after different successful attempts by this new mode of treatment, had come to entertain a more favourable opinion of IT!!! with whatever farther additions your prudence might have suggested.*

Of all the questions which I have ever wished to ask at you, not one has occurred so often to my mind as this, "What can be your particular reason for saying, that hydrocele cured by injection will return in three years\*?"

\* "From the best information that I have been able to procure, it appears, that, although, in many, a complete cure is obtained, yet that the disease returns early, that is, in the space of a few weeks, in a

You have mentioned "the ninth or tenth of all on whom the operation has been performed." as if on the authority of others: But your own paramount authority you have reserved for the proof of the most incredible of all accidents, viz. that this disease, though apparently cured, may return at the distance of three years †!!! I doubt not your authority, far from it; my confidence in your veracity is the very reason why I inquire the cause, from one apparently so well acquainted with the fact: Why three years? Although "THREE YEARS!!!" sounds very oddly, I am confident, NEVERTHELESS, HOWEVER, that you have as good grounds for prognosticating the return of hydrocele in three years! as almanack-makers have for prognosticating about the weather. I have observed that you are curious in those matters! Upon comparing the time during which you (who never performed the operation) propose leaving the wine injection in the sac! with that advised by others! I can remark a difference of exactly half a minute, which gives me a very high opinion of your abilities. I have heard also, that you temper poultices by the thermometer! and had I not suspected a sort of plagiarism from Mr. Still ‡, who has for some years past tempered every thing by the

"ninth or tenth part of all on whom the operation is performed; and IN

"FIVE OF EIGHT OR NINE! at some UNCERTAIN period in future!!!

"Although in some the disease returns in the course of two or three weeks, in others, it is not perceived for several months; and, in some, as I have observed above, not till two or three years have elapsed."

‡ "In some it is not perceived, AS I have OBSERVED, till two or three YEARS HAVE ELAPSED." Page 153.

‡ A famous Cutler in Edinburgh.

thermometer!!! I should have mentioned this along with—the double incisions! the oiled lint! the kipple of stitches! and the other discoveries with which this new book abounds.

This fortunate expression, *new book*, reminds me of one question more—how unhappy should I have been had I forgotten to ask it! Why have you unrooted this fair plant from its natural soil, where it flourished among others of its kind! Why exposed it to all the dangers of transplantation! to endure, single and unsheltered, the cold and blighting blasts which may blow upon it? In plain prose, why is this a new book? Is it for the sake of convincing all the world, that though there is no danger in curing hydrocele without incisions! it is nevertheless wrong? Or was it written to convince the world, that pain is no evil—confinement, amusement—and that CUTTING IS CURING!!! Was it for the sake of communicating to those who have been cured by injection, this very singular discovery, that their hydroceles will assuredly return (at least six out of ten) in less than three years? Did you, or did your bookseller, contrive this notable scheme for stealing, like L'Avare, the hay from your own horses? Is this new-old-book a mark of poverty or a mark of riches? for riches, as moralists observe, sometimes operate like poverty: Or is this poor crop, from a field once so rank and fruitful, the mark of an exhausted soil? *Jamque adeo fracta es ætas effætaque tellus? Vix animalia parva creat quæ cuncta creavit?* If you suspect so alarming a cause! give your wit a seventh year's jubilee! rest from your labours! and regale the public with fasting.

Yet, when I reflect upon certain circumstances, I am persuaded, that if this little book be inferior to your other volumes (a point *which, however*, is not to be rashly decided), the accident arises merely from your generosity! I know, my dear Sir, your modesty will be wounded by the frequent repetition of this ill sounding, insulting word;—“but if my duty be too bold, my love is too unmannerly.”—I will disclose your virtues!—You have done the most generous thing in the world; you have (and God send it may not prove a *felo de se*), DIVIDED YOUR BRAIN INTO FOUR PARTS!!! and though those three gentlemen, with whom you have so condescendingly and freely shared it, do not seem to have profited in any very particular manner! the corner bit which you have reserved for yourself, is not sufficient to keep you out of scrapes!

Yet this term, *dividing into quarters*, or any other implying solidity, can with no propriety be applied to your sensorium. I believe it were better to consider brain as a fluid! That of your namesake Jonathan, for example, is a fluid—it is plain vinegar—it is a dissolved colcothar of vitriol; and, as it distils through his pen, it drops a blot on every thing it touches! it eats out colour, stuff, and all! it corrodes, Sir, like aquafortis!—Yours again is an inoffensive fluid! a mild, viscid, undefæcated phlegm! only, by diluting it with the more thin and watery cerebellums of your co-mates, it has lost its viscosity, tenacity, and all its other remarkable properties: In place of being, as once it was, as stiff as birdlime! it is now little better than mere serum. This dangerous experiment of yours—this adventurous dilution of brain—reminds us of Spallan-

zani's experiment of taking up on the point of a needle an almost invisible drop of feminal fluid, with which he impregnated a great jar of water, and with that water impregnated innumerable eggs of she-frogs and water-neuts.

You now perceive, honoured Sir, by experience, how dangerous familiarity is to greatness; for even I am come at last to ask questions of you as confidently as if you were just a common person. A fit of curiosity, almost feminine, has come upon me, and I cannot repress it; I know you will think I question with an idle tongue: No; I assure you I ask this question in pure simplicity.

Your book I think I understand very thoroughly, all but one small paragraph, which is truly perplexing. You mention, "That at one period a practitioner in THIS country! got into notice by ANNOUNCING FREQUENT CURES OF FISTULA IN ANO, as well as other sinuses. Some timid patients, both here and in England, put themselves under his cure. HIS REPUTATION, HOWEVER, WAS NOT OF LONG DURATION \*!"

Dear Sir, explain to us, is this meant! literally! figuratively! or prophetically? With infinite care have we looked over the newspapers of THIS country! but never have we found them polluted with those kinds of advertisements which so often disgrace the newspapers of the OTHER country! We have been informed of no quack so desperate as to advertise frequent cures for the fistula in ano. We find, indeed, in all the newspapers of last year, the following advertisement, but cannot suppose it to be the advertisement you

allude to, both on account of a glaring anachronism betwixt the advertisement and your text, and on account of some other circumstances, which it is needless to explain.

“ ADMIRAL LORD DUNCAN.

“ We have the pleasure *to announce*, that Admiral Lord Duncan is *completely recovered* after having undergone a very DANGEROUS OPERATION, which was performed by the CELEBRATED Mr. BENJAMIN BELL, *Surgeon of this City*. The success of this operation *affords* much *cause for joy* to the inhabitants *of these kingdoms* \*.”

Neither yourself nor your partners ever could have done this; the style is quite unworthy of them or of you;—indeed it is little better than the advertisement of John Partridge, practitioner in physick, leather, and astrology; and is, in all respects, so fore a libel upon those whom it was intended to honour, that I do pity you, and most vehemently exhort you to prevent in future such officious friends. Compose the advertisements yourself. Being a *practitioner* in books and physick (though not in astrology—I have acknowledged you are no conjuror); being a writer on the venereal disease, the disease of the testicle, &c.; being, moreover, a cutter and curer of fistulas; I am aware that you will often find yourself in circumstances peculiarly delicate! I am sensible you would, at any time, choose rather to be a loser, both in money and reputation, than offend against decorum. But, Sir, I have the happiness of

\* Caledonian Mercury, Thursday, April 12. 1798.—A true Copy.

suggesting an expedient, by which you may, without the slightest taint to your reputation, gain your end, and perhaps with an increase of literary character: When you at any time find yourself in this constricted condition, let off your puffs in Latin; and to save you the shame of thumbing the syntax at your respectable time of life, I here present you with a formula of singular and approved elegance.

When G——s N——t,—M. D.— had thrown away the Paper Cap, and assumed the Triangular Bonnet,—and before he began to cure Scrophula, Cancer, and all incurable diseases,—he stuck up, most unpremeditatedly and suddenly, upon the walls of Alma Mater, the following notice, or rather warning:—GULIELMUS N——T PROPONAT DARE CURSUM PECULIAREM DE MORBIS SYPHILITICIS, &c. &c. to the great astonishment of the natives of the said Alma, and the utter confusion of the profane vulgar.

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P

SYDROPELL'S  
CONVERSATION AND CRITICISMS.

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ON a certain evening, many very worthy gentlemen being with myself assembled to consult what should be done with Jonathan Bell surgeon, after much agitation, I myself proposed the method of the Irish Rat-catchers, who rhyme rats to death, and undertook to perform the operation or incantation myself.

THE LOOKING-GLASS.

A bear of *bag and manners rough*,  
At climbing trees expert enough ;  
*For*, dext'roully, and safe from harm,  
Year after year he robb'd the swarm.  
Thus thriving on *industrious toil*,  
He glory'd in his *pilfer'd spoil*.  
This trick so swell'd him with *conceit*,  
He thought no enterprize *too great*.  
Alike in sciences and arts,  
He boasted univerfal parts ;  
Pragmatic, busy, bustling, *bold*,  
His arrogance was *uncontrol'd* :  
And thus he made his *party good*,  
And grew dictator of the Wood.  
The beasts, with admiration, stare \*,  
And think him a prodigious bear.

What the effects of these rhimes were upon the general constitution or Uropoietic organs of the said Jonathan, we have not yet learned. No sooner had I composed the above fable, than I went straightway to Sydropell, who, though he has no genius for numbers (unless it be for algebra and the Arabic numbers), has yet an admirable talent for criticism. I was privately sensible of some imper-

\* *Vide* No. I. ; of which Number I considered this as one of the best ORNAMENTS in the simple style.



fections in this little poem ; but I comforted myself with a very obvious reflection, that many a clever fellow has got a fall betwixt Rhime and Reason, as, betwixt two fools, the — falls to the ground.—I asked my friend SydropHELL, first, Whether “ industrious toil,” and “ pilfered spoil,” agreed? he said, No—not in sense, but they agree in sound, which is much better. I asked him, Whether “ party good,” and “ Dictator of the Wood,” was witty? No, he said, but it was puny! and to his certain knowledge would pass current with the gentlemen to whom it was particularly addressed for sterling wit. You seem, said I, to SydropHELL, to fancy yourself playing a GAME at FORFEITS, and that you are bound to answer to every question with a banter and a compliment: Be serious for a moment, said I, and answer me this one question—What do you think of calling it a looking-glass? A p—s p—t, you mean, I suppose, says SydropHELL: and that is so old and so vulgar a joke, I surely would by no means repeat it. Pray, then, what do you say to this! should I make my bear a White Bear, catching fish; or a Black Bear, herrying bee-hives? That, says SydropHELL, depends upon the nature of the beast. I now began to perceive, that SydropHELL was in an evil humour; but there was one question yet remaining with which I knew I should be able to charm him into good humour, for it related to science: Pray, now, my friend, said I to him, what think you of my dexterous application of a Bear herrying Bees to physics and philosophers.

At this deep SydropHELL look'd wise,  
And staring round with owl-like eyes,  
He put his face into a posture  
Of sapience, and began to bluster.

For having three times shook his head,  
 To stir his wit up, thus he said :  
 Art has no mortal enemies,  
 Next ignorance, but owls and geese.  
 A bear's a savage beast, of all  
 Most ugly and unnatural ;  
 Whelp't without form, until the dam  
 Has licked it into shape and frame.  
 But all thy light can ne'er evict,  
 That this same shaggy bear was lick't,  
 Or brought to any other fashion,  
 Than his own will and inclination.

Disgusted with this manner of talking, and resolved to escape all faucy premature criticism, I composed the Civilized Bear privately, and, without consulting Sydrophell, or any of the crew, here throw it upon the generosity of the public, as a natural conclusion of the Bear of shag and manners rough.

### THE CIVILIZED BEAR.

*FROM PILPAY.*

*Addressed to Mr. Benjamin Bell & Co.*

The bear now tir'd of climbing trees,  
 Desiring much to live at ease ;  
 Sick of the mountain's piercing cold,  
 Perceiving too that he grew old,  
 Espied a warm and quiet valley,  
 Where a good sober gard'ner daily,  
 With constant pains and careful toil,  
 Trimm'd the trees and turn'd the soil ;  
 Down to the gard'ner Bruin went,  
 To grumble forth his discontent ;  
 And hardly even indulg'd in grumbling,  
 So thoroughly, is hunger, humbling.  
 Soon he found out the delving man,  
 And kiss'd his paw, and thus began :

No longer fit the bees to herry,  
 All stiff with age, of climbing weary :  
 Scanty's the meal poor Bruin draws,  
 From sucking all day long his paws :  
 His ears, his shag, you see in ruin ;  
 Oh hear, and pity honest Bruin.  
 Take him, and from starvation save,  
 He'll be your very willing slave ;  
 And as for trudging, never spare,  
 Consider, Sir, your Bear's—your Bear.

In short, the Bear a master finds ;  
 Master and Bear are mighty friends.  
 The bear now quite familiar grown,  
 Follows the gard'ner up and down ;  
 And when at noon asleep he lies,  
 Bruin stands by to fear the flies.

Once on a sultry summer's day,  
 The wearied gard'ner sleeping lay ;  
 While Bruin stood upon the watch,  
 To fright the flies he could not catch,  
 One forward fly, with restless wing,  
 (Perhaps the fly, too, had a sting)  
 Buzzed round his face,  
 From place to place :  
 The mouth, the nose, the cheek, the chin,  
 The quivering lip, the twinkling eye,  
 Showed how the gard'ner felt the fly.

The bear, with ever kind intent,  
 A-butling round and round him went ;  
 Chasing the fly with awkward pother,  
 First from one side, then from t'other.  
 At last, the fly the temple gains !  
 With lusty paws the honest bear  
 Up's with a stone—marks to a hair,  
 Knocks off the fly—knocks out the brains.

## MORAL.

*This tale, from ancient Pilpay, shows,  
 A foolish friend's the worst of foes,*

A

FULL AND TRUE ACCOUNT

OF THE

EXAMINATION OF BENJAMIN BELL, ESQ.

*Of the Royal College of Surgeons, touching his Skill in  
Surgery.*

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“ And there sat many washing asses heads, without ever losing their  
“ soap.”

RABELAIS.

THIS singular trial occupied the attention of the Royal College for a considerable time. The accident which occasioned it was this—One of the members of the Royal College of Surgeons, not having the fear of God before his eyes, nor any respect unto the laws and customs of said College—having, moreover, forsaken his profession, and abandoned himself to all kinds of politics—did lay a most damnable malicious plot for destroying the said College. He did at various times get himself elected President, on various pretences of interests, and posts, and places of his depending. He did admit many members into the said College, contrary to the laws, in order that they might be

come his men, and not true members; for he did make them fellows of said College, but not burgeses of this Good Town, and did thus most feloniously reserve to himself the power of cancelling and protesting the votes of the said members; and when an election came on, he went up to the Council Hall with said protests in his pockets—like the man who went to the shrine of Apollo with a living bird under his cloak—which, if he wished to have alive, he produced alive—but if he wished dead, gave it a squeeze, and it was DEAD.—The President of the Royal College of Surgeons, struck with the disingenuity of this practice, and sensible of the danger of allowing individual members to suffer from the malice of any former President or Presidents—feeling himself, moreover, called upon by all the feelings of a gentleman, greatly concerned also for the honour of the College, did straightway order a general overhaul of all the parchments, letters of citizenship, and records of examination—and, with a most honourable impartiality, ordered, that every member so defective in his titles should be examined, passed burgeses, ticketed, and admitted anew.—The College was in the utmost confusion and dismay;—many titles were unexpectedly found defective;—the clerk of the Corporation sat in his office for three days, and the importunity of the questions—Is my ticket good?—Was I registered?—Am I not a member of the College?—Am I to be re-examined?—Is my name marked down?—Do they really examine?—Have they any design under all this of rejecting us?—The perpetual irritation at all hours was so intolerable, that he fell into a jaundice, took country rooms! left his deputy to officiate! The Pre-

fidest himself took the alarm ;—and at last nothing was left of the College but the LITTLE SKELETON and the great LEADEN MACE lying upon the table—

When Mr. Benjamin Bell and his friends, with unexampled generosity (like the St. Pierres putting the ropes voluntarily about their necks to save the city) came forward, and offered themselves to be first examined ;—which ceremony they accordingly underwent in the following order.

First—Mr. Benjamin Bell was brought forwards to the great table—the mace and the skeleton, the pharmacopœia and Albucaſis, were laid upon the table ;—and the clerk, with his usual solemnity, whiſpered out the oath.

*First Examiner.*

Q. Pray, Sir, where were you educated?

A. At the Hospitals of Edinburgh, Paris, and London\*.

Q. Almost all ſurgicall operations, as you very well know, begin with an incision—What ſort of incisions do you make?

A. As long as poſſible.

Q. Various authors have written upon the direction in which the fibres of ſkin and muſcles ſhould be divided, in what direction do you make your incisions?

A. Always acroſs.

Q. How deep?

A. Down to the bone.

Q. What are you ſeeking for by ſuch deep incisions?

\* Volum: VI.

*A.* "Tendons, and muscles, and nerves—and any thing that may occur."

*Exam.* Really, Sir, this practice is somewhat new.—*Candidate.* "Sir, there is nothing in all surgery of the propriety of which I am more satisfied."

*Q.* Pray, Sir, when a man gets a blow upon the head, lies stupid and sick, and bleeding from the nose and ears, what do you do?

*A.* I trepan him.

*Q.* That's rather sudden, Sir. How do you proceed in your operation?

*A.* I first cut open the scalp.

*Q.* And if you find nothing wrong, no sign of fracture, depression, &c.

*A.* I perforate the skull.

*Q.* And is it not possible, that, having done so, you may still find nothing wrong?

*A.* Very possible; but as there may be something wrong under the membranes, I next perforate the Dura Mater.

*Q.* And if you should find nothing wrong there, would you not regret what you had done?

*A.* Surely not; for if the patient lies stupid, although, no doubt, he sometimes recovers, yet it is certain there must be something wrong somewhere; "it will be therefore proper to proceed to PERFORATE EVERY ACCESSIBLE PART OF THE SKULL till the CAUSE OF THE COMPRESSION IS DISCOVERED \*."

*Q.* What are your reasons for this bold proceeding? I

\* Vol. III. p. 121.

can tell you it is something out of the common way ; and indeed, Sir, I know no way of finishing this operation of yours thoroughly,

“ Without trepanning of the scull,

“ As often as the moon's at full.”

*A.* I have laid down a rule, Sir, never to enter into theoretical disquisitions ; and I hope I shall be excused even here on this solemn occasion.

*Q.* Well, Sir, that's not quite our way ; but, however, we will come to less bloody subjects. Pray, Sir, when a patient breaks his leg, what do you do ?

*A.* I cut it off.

*All exclaim, Cut it off!*

*Q.* I mean, Sir, when it is not much broken, when it is what we call a simple fracture.

*A.* I make a compound fracture of it.

*All exclaim, A compound fracture ! What does the gentleman say ? a compound fracture !*

*Q.* What do you mean, Sir, by making a compound fracture of it ?

*A.* It is necessary thus : In compound fractures we observe how easy it is, from the great size of the wound, to pick out the fractured pieces of bone ; “ but in a simple fracture, where the skin remains entire, as we cannot judge with such certainty of the nature and extent of the injury, nor of the probability of our being able to PRESERVE ALL the loose portions of bone, we endeavour, in the first place, to accomplish a cure in the easiest manner ; but when this does not succeed, when the ends of the bone remain loose long after they should have been united, and ONE OR MORE



DETACHED pieces are discovered, these are to be CONSIDERED as extraneous bodies, and ought to be removed with the FINGERS or FORCEPS at an opening made through the soft parts for this purpose \*."

Q By INCISION, you mean?

A. Yes, Sir.

Q Is there any other occasion in which you imagine it necessary to convert a simple into a compound fracture?

A. Yes, " Various occasions." " But the most perplexing cause preventing the reunion of fractured bones is a PORTION OF A MUSCLE, LIGAMENT, OR SOME OTHER SOFT PART, passing between them †."

Q Would you think on such a suspicion as this of cutting into a broken leg?

A. Not absolutely upon a suspicion: " We judge that this is the case, when the pain and tension of the injured part have been more severe than usual from the first. When particular movements of the limb occasion severe pain and twitching of the muscles, that serve to move it, and when the ends of the fractured bone do not unite at the usual time."

Q Do not twitchings and pain occur in every broken limb; surely you have no notion of meddling with a limb on that account?

A. No, not absolutely; I would not make the incision at first; but " as soon as there were reason to think that a cure is prevented by the cause we have just mentioned, we should endeavour to remove the portion of interposing

\* Page 43.

† Page 44.

membrane or muscle, by PUTTING THE LIMB INTO ALL THE VARIETY OF POSTURES by which it will be most readily effected \*."

Q. God bless me, Sir, do you mean that you would twist and turn a broken leg with any expectation of disentangling twisted tendons, &c.

A. Sir, "It is the duty of a surgeon to do every thing in his power for his patient; and no person who has that degree of courage and steadiness that is necessary for the practice of surgical operations will venture to hesitate in the least degree †."

Q. For heaven's sake, Sir, what do you mean? you have been yourself engaged in practice, and we are now asking, not so much what may be done, as what you actually have done, or written down as a rule for others to do. You speak of operations; is it possible you can mean to propose any operation in this case?

A. No, Sir, I don't know that I absolutely mean an operation; "but when this twisting and turning of limb does not succeed, AS WILL OFTEN BE THE CASE, and when the bones still remain loose, long after the usual period, we ought, WITHOUT FURTHER HESITATION, to make an incision upon the fractured part."

*The gentlemen present observed,* That though the Candidate had refused on other occasions to enter into theoretical disquisitions, he had made ample amends, by laying down so curiously the doctrines of loose bones, and loose interposed

\* Page 45.

† Passim.

membranes, ligaments, and muscles; and this chorus of examiners having concluded their eulogium, the question went on as follows :

Q. Pray, Sir, since we are speaking of broken limbs, what is your opinion concerning callus? don't you think the old story of exuberant callus is just a stalking horse, a mere apology used by bad surgeons?

A. Quite the reverse, Sir; " we are often disappointed in obtaining complete cures of fractures, by the limbs remaining unseemly from an overgrowth of callus. It is NOT A COMMON OCCURRENCE, but ! EVERY practitioner must have met with it. As far as I am able to judge in fractures attended with much inflammation, where this inconvenience is most apt to occur, local blood-letting proves more useful than any other REMEDY IN PREVENTING it. I have, in some instances, derived advantage from a CONTINUED GENTLE PRESSURE, which is best APPLIED by means of a thin plate of lead. But our safest course is, as soon as the callus begins to be TOO LUXURIANT to acquaint the patient with the probable event; and HE must be very UNREASONABLE indeed if he AFTERWARDS REPINES at what the utmost care could not prevent \*."

*Exam.* I must be plain with you, Sir. My opinion is unchanged. I never saw what is called exuberant callus, which did not appear to me to be plainly the angle of an ill set bone; even the clumsiness of a compound fracture is but the angles of many pieces of bone: But there certainly the patient has no title to repine, nor indeed has he any

inclination to repine ; he is sensible that he is well off in having his leg preserved in any condition. But to our business.

Q. Pray, Sir, is it your practice universally, in all broken bones, to make compound fractures out of simple ones? Do you perform the same operations, for example, on a fractured rib?

A. Yes, Sir. You might observe, that when I spoke of the scull, I demonstrated how to make a simple fracture a compound one ; or rather, how to trepan the scull when there was no fracture at all : and surely, in so common a case as a fractured rib, I would not hesitate. Thus, “ if any inequality is discovered, by ONE END of a FRACTURED RIB having risen ABOVE the other, we ought to endeavour, by moderate equal pressure, to replace it ; and to prevent it from rising, a BROAD LEATHER BELT should be applied and drawn tight, as tight as the patient can easily bear it\*.”

“ But when the oppressed breathing is kept up, by air escaping from a puncture in the surface of the lungs, or by blood discharged from a ruptured intercostal artery into the cavity of the chest ; or when the pain is prevented from subsiding by the FRACTURE being FORCED IN UPON THE PLEURA, it becomes necessary to make an opening with a scalpel. WHERE A PORTION OF RIB IS MERELY FORCED INWARDS, this should be DONE directly upon the injured part ; and on the RIB being LAID BARE, WE OUGHT TO ELEVATE that part of it that is depressed, EITHER with the fingers, forceps, or with a spathula †.”

\* Page 65.

† Page 66.

Q. Pray, Sir, is not a broken rib one of the most frequent accidents?

A. Yes.

Q. Did you ever see the projecting end of a rib?

A. No; Sir, not that I remember; but I'm not sure.

Q. Is not every broken rib attended with pain? and is not emphyfima, from fracture of a rib, a very frequent occurrence?

A. Yes.

Q. Did you ever cut upon a depressed rib, and hook it out in this manner with your finger?

A. No.

Q. Did you ever see any other surgeon do this? or did you ever hear of its being practised?

A. No.

Q. What would you do, now, in a fracture of the sternum?

A. "Clearly I am of opinion, that a simple fracture of the sternum is to be CONSIDERED IN THE SAME LIGHT WITH SIMILAR INJURIES DONE TO THE RIBS, and ought to be treated in the same manner\*."

Q. You mean, Sir, that it should be trepanned without the smallest hesitation, as you express it?

A. Yes, Sir.

Q. Is there no other way?

A. Sir, "the PRACTICE OF ALVISING DEEP INSPIRATIONS, and of laying the patient upon his back over a large barrel, or any other convex body, must often do mischief, by

PUSHING in the lungs with more force against the DEPRESSED PORTION OF BONE THAN THEY OTHERWISE WOULD BE.”  
 “ When it *therefore* happens that the pain, cough, oppressed breathing, and other symptoms, do not yield to blood-letting, and other *parts of* an antiphlogistic course, some other METHOD OF CURE SHOULD BE ATTEMPTED. An incision should be made upon the injured part, of a SUFFICIENT LENGTH TO ADMIT A FREE EXAMINATION OF THE BONE when the depressed part may be raised either with a COMMON scalpel, or a levator, if there be an opening that will admit an instrument \*.”

Q. Really, Sir, your answers found in my ear as if you had a settled antipathy against simple fractures; as if, in short, you thought you were not answering chirurgically, unless you explained some terrible incision. Pray is there any broken bone, great or small, which you do not cut upon? As far as I recollect, we have spoken of every kind of fracture, except fracture of the vertebræ: In fracture of the vertebræ, how do you proceed?

A. Sir, I proceed by the same general rule. “ Thus, whenever we find that the spinal marrow is compressed, as the immediate effect of an injury done to one or more of the vertebræ; and where there is reason to think that the compression is *produced* by a *fracture* and *depression of a portion of bone*, as we know from experience that every such case will terminate fatally if the *cause of compression* be not removed, it would surely! be better! to endeavour! to raise it! than! to leave the patient! under an absolute cer-

tainty of suffering. By laying THE INJURED parts freely OPEN, WE MAY BE enabled to RAISE that PORTION of BONE by which the compression is produced."

Q. And pray, Sir, is not, in every case, the compression produced by a fracture and depression of a portion of the bone?

A. Yes.

Q. And pray, Sir, since people are breaking their legs and their ribs, and their necks, and their backs, every day, since you must have had many opportunities of making incisions of *sufficient length*, and of hooking out ribs and sternums, and pieces of vertebræ, with your fingers and levators, have you ever performed any of all these operations which you have been describing?

A. No, Sir, never.

Then, Sir, I have done. I am upon the whole very much pleased with the honesty and ingenuity with which you have answered, but I could have wished upon the whole that you had described no operations but such as yourself or some other person had performed. Though we like to encourage ingenuity in the young people who appear at this Board, we never suffer them to conjecture about operations; and had you guessed and supposed, and conjectured, and concluded, in this way, the first time you were examined in this Hall, the indecency of the thing would have been less remarkable, and more pardonable;—forty years of practice should have done something for you.

*Second Examiner.*

Q. Sir, if you please we shall now take an anatomical subject; and one of the most usual questions you know in

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this place is about the structure of the eye, will you be so good as enumerate the coats of the eye?

A. "Anatomists have considered the coats of the eye as NUMEROUS!!! but there are only three which can be distinctly traced; namely, the SCLEROTIC, the Choroid, and the Retina. The former has indeed been supposed to consist of *different* coats, to all of which NAMES have been *appropriated*, viz. The tunica albuginea!!! the cornea opaca!!! cornea lucida!!! &c. and even the choroid has been imagined to be formed of different tunics: But although a tedious maceration may separate some of these parts into different lamellæ!!! the knife of the anatomist is not able to do so; and as distinctions of this kind can never tend to any useful purpose, they ought to be universally rejected \*!!!"

Q. Are you sure, Sir, that any anatomist, except yourself, has mentioned the ALBUGINEA as belonging in any way to the SCLEROTIC COAT †?

A. Yes, Sir—No, Sir—I'm not sure.

Q. Pray, Sir, is not that surface of the choroid coat, which secretes the pigmentum nigrum, which anatomists have named the Tomentum, which is called also the *Tunica Ruischiana*, very different in appearance and in structure from the outer lamella of the choroid coat?

A. Perhaps it is.

Q. What are the ciliary processes?

A. "Towards the middle of the iris, a number of radiated lines are observed, which run from the circumference to the centre: THESE are DENOMINATED CILIARY PROCESSES!!! and on their action the contraction and dilatation of the pupil appears to depend!!! for it seems to be doubt-



ful whether any circular fibres exist in the iris or not †!!!”

*Exam.* Sir, to be plain with you I never heard before of the ciliary processes having any connection with the iris, except by touching it at the ciliary circle; as for the ciliary processes being fibres, for contracting the pupil! the doctrine is quite new.

Q. What is the Retina?

A. “ The third and most internal coat of the eye is the Retina, which seems to be an expansion of the optic nerve. It does not line the whole cavity of the eye, but appears to terminate OVER the ANTERIOR EDGE of the SAC or CAPSULE of the VITREOUS HUMOUR!! which we shall afterwards have occasion to describe\*.”

*Exam.* Really, Sir, these are very odd descriptions; have you got them out of Dr. Monro’s new quarto book, which some people may remember to have seen about three years ago?

A. Sir, it is very well known that I have laid down a resolution of reading no books but my own; and indeed I mentioned that fact already.

Q. Pray, Sir, are these all the coats of the eye?

A. “ Yes, Sir, these are all the PROPER COATS OF COVERINGS of the eye; but there are TWO MEMBRANEOUS EXPANSIONS which likewise cover a considerable portion of the BACK PART of the globe!! and which by many have been enumerated as PART OF ITS TUNICS!! namely, the ALBUGINEA!! which we have already mentioned, and the TUNICA CONJUNCTIVA †!!!”

Q. Pray, Sir, are the tunica albuginea, and the conjunctiva, different coats of the eye?

\* Page 221.

† Page 222.

*A.* Yes.—*Exam.* Indeed!!!

Q. Pray, Sir, give me leave to ask, are these two different coats, the tunica conjunctiva, and the tunica albuginea, in the back part of the eye?

*A.* They certainly are, Sir; at least for any thing that I know to the contrary.

*Exam.* Then, Sir, you may walk out of the room.

The reason of the Examiner desiring the Candidate to walk out of the room, was, that during several of these replies and rejoinders, there had been immoderate bursts of laughter from the younger part of the society; some of the members who were next to take their turn chuckled exceedingly at the thought of getting through their examinations so easily, and others of the society were seriously offended: They knew that Mr. Benjamin Bell could not be ignorant of the COATS and HUMOURS of the EYE, a question to which correct answers are expected from every apothecary's boy. His answers, which he meant after all, merely in joke, they took as a serious insult upon the College. But this confusion lasted only for a moment. The Candidate was called in again; and the Examiner having, with a considerable degree of respect, and we thought even of deference and undue humility, begged him to be composed, and to answer seriously, went on as follows:

Sir, we propose to resume the subject, and to ask a few questions relating to the diseases of the eye. Pray, Sir, what is the meaning of the name HYPOPYON?

*A.* It is a Greek word, Sir, signifying a tumour projecting from the eye.

Q. Does it not sometimes signify a collection of PUS under the COATS of the eye?

*A.* I believe some authors have understood it so, but not all.

Q. What is the meaning of the word Staphyloma?

*A.* It means a collection of matter in the coats or humours of the eye.

Q. Pray, Sir, does it not sometimes signify an odd sort of a black kind of tumour projecting from the coats of the eye like a grape?

*A.* Perhaps it may, Sir.

Q. And pray what is an onyx?

*A.* "The onyx is a disease so named from its resemblance to the nail of a finger\*."

Q. The nail of a finger, Sir!!! said the Examiner; you surely must mean the ring upon a finger: Onyx, you recollect, Sir, is an onyx;—why, it is an onyx stone, Sir.

*A.* Very true, Sir, so it is; I meant the ring of the finger—I meant the stone of an onyx ring.

Q. And pray, Sir, what is the meaning of the word UNGUIS?

*A.* *Unguis*, Sir—I don't recollect, Sir! exactly, Sir! but! I believe! it means a disease of the eye, which—resembles an eel.

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Here the hall was again in an uproar. The gentleman was again desired to retire. It was now manifest that this gentleman's voluntary offer of submitting to an examination was made with no better design than that of insulting the College; and after advising and debating what should

\* Vol. III. page 301.

be done, the examiners agreed to call him in again, and to do their utmost to reject him.

*Third Examiner.*

I am requested by the College, Sir, to put some irregular questions to you, on various occurrences in surgical practice. Wounds, every person who has that regard for his profession which every one ought to have, a wound, which is so common a sort of an accident—is—is—one of the subjects which I propose putting some more questions to you concerning—concerning wounds, I mean.—Pray, Sir, what is your idea of a wound?

*A.* My idea of a wound is, that Dr. Luding is wrong in defining a wound to be “a MORBID division of parts, WHICH in a state of HEALTH OUGHT to be UNITED;” but that wound ought to be defined thus: “Every recent solution of continuity of the SOFTER PARTS of the body, when ATTENDED with a corresponding DIVISION of the teguments, may be denominated a wound\*.”

*Exam.* Faith, Sir, the two definitions, and all the other definitions I have ever heard, are pretty much upon a par. I think you might leave off defining such plain matters; the patient will hardly mistake a wound, and if the surgeon knows it only by the definition, his knowledge will not be of much use. I believe, Sir, punctured wounds, such as are received in battle, are reckoned among the most dangerous: Pray, Sir, do you approve of dilating such wounds?

*A.* Sir, “scarifying and dilating wounds was a practice recommended by almost every writer on the subject, and which, till of late, prevailed universally.—By scarifying the

*fores*, it was expected that the sloughs, with which they are sometimes covered, would sooner separate, and that the cure would thereby be hastened. Later experience, however,—shows,—that this reasoning is fallacious;—and instead of proving useful,—that scarifying very commonly does harm: It creates additional pain and inflammation, at the same time that it evidently extends the surface of the fore, while it does not appear to be productive of any advantage. It should therefore be laid altogether aside!!! Even the dilatation of gunshot wounds, so much recommended of late, ought to be employed with caution.—When the passage of a ball is not extensive, and when the parts through which it has gone can with safety be laid open,—I believe it would be right in every case to do it *with freedom from one end of the sinus to the other*:—no harm could accrue from it; and there is reason to imagine, as we have observed above, that it would tend much to forward the cure:—But *I have never been able to discover* what advantages could *probably* be derived from the mere dilatation of the external opening of a gunshot wound: It is proposed with a view to give a more free discharge to the matter than it *would* otherwise have: But in deep narrow wounds, formed by pistol or musket bullets, increasing the diameter of one part of the sinus, will have *no effect whatever* upon the rest of it; and as it must evidently do harm, by enlarging the wound, while no benefit can *probably accrue* from it, I do not hesitate in saying that the practice should not be continued.”

Sir, I cannot pay you any compliment upon your perspicuity. You began this long harrangue as if you had

designed to be understood to signify that it was your opinion that no narrow wound should be dilated. Pray now, Sir, will you have the goodness to say distinctly, and without circumlocution, what you really do mean? You answer, Sir, as if you were instructing others; pray be so good as inform us, what you would actually do yourself; for I now begin to suspect shrewdly, that you do not practise exactly according to the rules you recommend to others; and indeed, if I understand rightly the general tendency of your answers, nothing can be more commendable than to practise in direct opposition to the rules you profess. Tell us plainly, how do you really do in cases of wounds?

A. "In the treatment of punctured wounds, our views ought to be the same as IN CASES OF SINUSES; indeed a wound of this kind is exactly a sinus in a recent state\*."

Q. A sinus in a recent state, Sir! I don't understand you, and begin to suspect you are again speaking in a manner which has already given considerable offence. I therefore demand an express answer to my question, What do you yourself do in punctured wounds?

A. "The practice I have long adopted in wounds of this kind is this: When they run in such a direction as to prevent a seton from being carried along their whole course, I lay them open immediately *from one extremity to the other, or as far as it can be done with safety, either with a probe-pointed bistoury, or with a scalpel and director †.*"

Q. Pray, Sir, is this a common practice among surgeons?

A. No, Sir; but "to those not much accustomed to this

\* Page 104.

† Page 106.

kind of business, the enlarging of a small puncture, so as to form an extensive wound, appears to be unnecessary and cruel : but whoever has seen much of this branch of *practice* WILL KNOW, that the greatest distress often arises from the smallest punctures."

Q. Then, perhaps, you think this a very proper practice for the army and navy surgeon?

A. Yes, certainly. "In every wound, therefore, of this kind, particularly in those *which are often* received in duels with *small swords*, and in battles with the points of bayonets, the enlargement *should take place even before* the parties are carried from the field ; by which many inconveniencies which naturally attend these injuries would be prevented."

Q. Pray, now, do you ever in your practice carry your scarifications deeper?

A. Yes, Sir, to the PERIOSTEUM often ; "for it often happens, that in deep wounds, while no inflammation of any importance appears externally, while the PERIOSTEUM is DISCOVERED to be much inflamed, and very painful ; in this situation, nothing affords so much relief as scarifications made in the inflamed membrane, either with the shoulder of a lancet, or with the point of a scalpel \*."—"In different cases I have scarified the PERIOSTEUM in the manner here recommended ; but when the PERIOSTEUM is allowed to proceed the length of suppuration——†."

*Exam.* Suppuration of the periosteum!!! Sir!!! Why, it seems to me, Sir, that, either by your not understanding my questions exactly as I meant them, or by some other

\* Page 84.

† Ib. 84.

accident, we have got a little entangled. Let us, if you please, change the subject for one more simple. Pray, Sir, what are piles?

*A.* "The piles are termed *cæcæ*, or Blind; but when they burst, or discharge blood, they are termed *apert*, or *open* \*!"

Q. What is the most frequent cause of piles!

*A.* "Compression produced by *hardened fæces* collected in the *rectum*; a circumstance which, in *constitutions* liable to *costiveness*!!! is very *universally* met with †!!!

*Exam.* Sir, I once more request, you will give more serious and becoming answers; and consider, Sir, you are not now talking to an individual, but a Society of *brethren* of the *same profession* with *yourself*. What are the more important causes of piles?

*A.* "The pressure produced upon the neighbouring parts—in *every case* of pregnancy—by the *gravid uterus*; and, lastly, tumours of *whatever nature* they may be, which, from their situation, press upon the *hæmorrhoidal veins*.—Thus, *schirrous tumours* in the *rectum*, and similar affections in the *prostate gland* and *bladder*, are sometimes productive of this effect; and swellings of the *mesenteric glands* have likewise *been known* to compress the *refluent vessels* in their course from the *rectum* †!!!

*Exam.* I question much, whether any of all these causes you have alleged can produce piles—costiveness excepted?

\* Page 249.

† Page 255.

‡ Page 355.



*Can.* "Costiveness, Sir, has such effects upon these parts, that, in some instances, luxations of the os coxygis have occurred, from LARGE COLLECTIONS OF HARD FÆCES in the rectum \*."

*Exam.* Why, Sir, really these things are so new, that you are better entitled to examine me, than I to examine you. Perhaps, Sir, you have operations for this too?

*A.* Not exactly operations; but "whenever tumours in the contiguous parts are found to produce the disease, the MEANS OF CURE must be DIRECTED particularly to the REMOVAL of these †.

*Exam.* Then, perhaps, the best way to cure piles radically, according to the list of causes you have delivered, would be, to dissect for the mesenteric glands—score the prostate—cut out the schirrous rectum—and procure abortion!!!

2. Pray, Sir, what is the disease called fistula in ano?

*A.* "In consequence of the latitude given to the meaning of the word *Fistula*, a great variety of appearances are EXHIBITED under the general denomination of FISTULA in Perinaeo ‡ !!!"

*Exam.* I meant fistula in ano.

*Can.* "Every sinous ulcer in the neighbourhood of the rectum is a fistula in ano: and whoever will consider attentively the different circumstances relating to it will find, that the FISTULA IN ANO is of a NATURE AS DETERMINED! and fixed, as any disorder which falls within the LIMITS of surgery §."

\* Page 201. Vol. VI. † Page 256. ‡ Page 227. § Page 282.

Q. Do you approve of the practice which once prevailed, of cutting out the entire fistula?

A. Sir, to take away any considerable portion of the teguments above the anus, must always be considered as FORMIDABLE ; it would be almost impossible for a patient, in such circumstances, to retain stools of a MORE LIQUID NATURE. There is fortunately, however,—no good cause—why any person should ever be FORCED INTO SUCH A DISAGREEABLE SITUATION \*!!!"

Exam. Are there any other disorders about the rectum but these two, the fistula and piles?

A. Yes, Sir, there is the imperforated anus?

Exam. What is to be done in the first place with imperforated anus?

A. " ALTHOUGH an *imperforated anus* is not a frequent occurrence! yet as it is occasionally met with! and as it is of much importance to have such deficiencies! soon discovered, every midwife! ought to examine with attention the state of all the natural passages! as soon as possible after delivery."

Exam. Aye, that is in the first place indeed. But pray, Sir, have you ever cut for the imperforated rectum, and tried by incision to find it?

A. Yes, " I myself have had two such cases; in both of which the gut lay deep, and in both I was fortunate enough to form an anus, which for a good many years has *continued to answer the purpose* SUFFICIENTLY!"

Q. And have you had a great deal of difficulty in preserving the opening!"

A. Yes, Sir, "In each of these cases a great *deal* of difficulty was experienced in preserving the passage sufficiently wide and open. Indeed, no case I was ever concerned in afforded! so much trouble and perplexity as was experienced! from each of these I have mentioned \*."

Q. What would you do when, after several deep incisions, you found it impossible to reach the rectum?

A. "When it unfortunately happens that no passage is obtained for the fæces by any of the means we have pointed out, might not we attempt an opening *above the pubes!* or perhaps on the right side, so as to reach THE CAPUT COLI, with a VIEW of making an artificial anus IN ONE OR OTHER OF THESE PLACES?"

This last answer, both from the serious tone in which it was delivered, and the amazing absurdity of the thing, threw the College again into a paroxysm:—some were so tickled with this burlesque upon surgery, and especially with the notion of cutting up a little boy's belly in search of the Sigmoid flexure, or Caput Coli, to make an anus of it, that they fell into immoderate and hysterical explosions of laughter; while some of the serious, four-looking gentlemen, the elders of the College, did not relish the humour of it at all.

The examiner turning once more to the candidate, said to him in a serious manner, that for certain considerations, and in respect to his late respectable situation in the College, he was inclined to continue the examination. As for any indignity which he himself might feel from the unbecoming conduct of the candidate, he was willing to o-

\* Page 297.

verlook it. The candidate signified his acquiescence by a smile and a familiar sort of nod, which was, however, of so equivocal a nature, that the examiner turned towards the gentleman who was next to examine, whispered with him for a moment, consulting, as we imagine, whether he thought it decent or becoming to go on; and indeed it plainly appeared that this was the subject of his conversation by the hesitating and confused manner in which he recommenced the examination. Turning half towards the candidate, he asked him, Pray, Sir ———. The words Pubis and Caput Coli were on his lips—they rung in every ones ears; and while some tittered very audibly, others stretched on tiptoe expecting to hear the same extraordinary subject continued; but the examiner, with singular discretion and good sense, asked quite another sort of question—Pray, Sir, how do you judge of the situation of a polypus?

*A.* “When a polypus is suspected to have formed in the *ÆSOPHAGUS*, if no part of it *PROTRUDES* up towards the *PHARYNX*! there will be *CAUSE* to *IMAGINE*! that it proceeds *DOWNWARDS* towards the *STOMACH* \*!”

*Exam.* So, Sir, if you first suspect a polypus, and then do not find that it protrudes upwards, you suspect again that it protrudes downwards? Pray how do you extirpate it?

*A.* With a twisted wire passed through a double canula.

② How do you manage when you find the patient hauking, and coughing, and sneezing, and ———

*A.* I cut his throat.

*Exam.* Cut his throat, Sir! You are insolent! You intended this from the very first!

*Cut his throat! refounded from all corners of the ball.*

At the very sound the members were seen in perturbed motion "like mots in sunny ray." They condensed and thickened towards the centre, so that the candidate, without doubt, must have been pressed to death, had not the continual revolution of the atoms of which this black nucleus was composed made some temporary openings in one of the most fortunate and relaxed moments, the officer pulled the candidate backwards by the skirts out of the hall; and the object of their resentment being thus happily removed, the hum ceased, and, like a hive of bees gathering round their queen, the members sat down at the board, arranging themselves in their respective places round the President, who made the following moderate and sensible proposal:—"Gentlemen, We are all very "sensible of the contemptuous and forward behaviour of "the person who has just been examined. His ignorance is "very palpable, and we can with no propriety receive him. "Considering the honourable manner in which he stands "connected already with the College, we must all feel very "unwilling to do any thing which might inflict disgrace upon him or his relations. I once thought to have rejected "him upon account of his age; but you see plainly, gentlemen, how impossible it is to acquit ourselves in this way\*." "The rejection of a member is a very unusual thing. I confess, that since I have had the honour of sitting in this

\* The President manifestly in this speech imitates the manner of the gentleman who sat in the chair of the College of Surgeons at the time of the younger P—— H—— being examined: Indeed his speech seems to be a mere plagiarism from beginning to end.

“ chair, several unpleasant things have happened. I beg,  
“ gentlemen, that you will allow me to exert what I con-  
“ ceive to be my highest prerogative ! allow me to interpose  
“ and moderate your resentment on this occasion ; this is  
“ my natural office ! Nothing could be so unpleasant as  
“ any thing of this kind becoming public. Let us call this  
“ gentleman in again, if you please ;—let us call him in  
“ again,—and appoint him one more lesson,—and give him  
“ another opportunity.”

The youngest member was ordered to call in Mr. Bell. When he appeared, the fourth Examiner now addressed him, and said in a serious but gentle tone of voice, that the College had felt very indignant at the manner in which he had presumed to answer the last question. I was surpris'd, said the Candidate, to hear from the adjoining room a good deal of disputation. I have both practis'd and written different books on different parts of surgical practice for thirty years, and am not a little surpris'd that my chirurgical abilities should be called in question this day, or that my readmission should be at all a matter of debate ; but, Sir —— The Examiner here interposed with great mildness and suavity of manners, and inform'd him that the College had taken particular offence at his last words, when he said, that, to relieve the breathing of the patient, he would “ cut his throat.” His throat, Sir, said the Candidate ; I said I would “ cut it out !!!”

This apology seem'd to give universal satisfaction, and was followed with a sort of hum of applause. The Examiner then begged that the Candidate would proceed in explaining his operation, which he did in the following manner :

“ Ligatures *may in general* be applied round polypi of the back part of the nose and throat in the manner we have directed, without much interruption to the breathing; but when they are deeply seated in the *œsophagus*, and on all occasions when the application of the ligature is difficult and tedious! it is proper to secure an *easy and free respiration!* during the operation! by PREVIOUSLY ADVISING!!! BRONCHOTOMY!!! By this no *additional* RISK is incurred, for IT may with *ease and safety* be accomplished; and IT puts IT in our power to finish the operation more perfectly than we otherwise could do.”

*Exam.* So, Sir, you cut his throat scientifically?—I think, Sir, it would have been much more like yourself if you had flit up his nostrils, and split his nasal bones with a chissel; that would at once have given him breath, and have enabled you to grapple with the polypus fairly?

*A.* Sir, I confess to you, I have myself imagined that before you suggested it to me. “ WHEN, HOWEVER, polypi have acquired a large size, the obstruction *thereby produced* in the nostril is in some instances *to such a degree*, that even with this and every other kind of attention, there is no possibility of *inserting* the forceps. In such circumstances, as a considerable space may *be gained* by laying the nostril open, it *may in some instances* be proper to divide the cartilaginous part of it by a longitudinal incision; and, after extracting the tumour, to reunite the divided parts either by adhesive plasters or with a couple of futures\*.”

*Exam.* Just, I suppose, Sir, as a boy cuts up the gills of an eel when it has swallowed his fishing-hook too deep?

\* Page 128.

Upon my word, Sir, your surgery is in so grand a style, that you are fit to operate on the leviathan himself,—and could write an admirable parody on certain passages of Job.—But my proper duty, being the last of four examiners, is to desire you to translate a few sentences of Latin. I am happy, HOWEVER, in having had it in my power to rectify this slight misunderstanding.

Allow me first, Sir, to inquire what your opinion is concerning the wounds of intestines, as I need not remind you that a certain surgeon has of late used great freedom with the old surgeons, and even with some modern authors on this point?

*A.* Sir, I have never read the books you allude to, nor ever will: I have laid it down as a rule, not to enter into controversy; and as for wounded intestines, I am still of the same opinion I was before: “I think their opinion is ill founded, who would rather trust to nature for the cure of a SMALL OPENING in the gut than INSERT A LIGATURE, in so much that I would not leave even the SMALLEST OPENING that could ADMIT either chyle or fæces to pass without STITCHING IT UP.”

*Exam.* I know, Sir, you disapprove of trusting to nature! you trust to nothing but stitches. Pray, do you use a couple of stitches, or how many?

*A.* A couple of them, Sir! “The stitches should be CARRIED COMPLETELY ROUND THE GUT; and in order to give as great a chance as possible of founding, THEY MIGHT EVEN GO TWICE ROUND! FIRST, at the edges of the under portion of the gut, and AFTERWARDS about an inch beneath, near to where the upper part of it terminates.”



The Examiner here handing an old fashioned book across the table, desired the Candidate to open it where he pleased, and translate a few sentences, which he did accordingly.

*Medicus sit eruditus*, A physician is a rude man—*Id est*, That is—*Ab omni ruditate liber*, Free from all rudeness—*Hoc impetrat*, He is a Captain—*Si addiscit linguas*, If he gets the tongues—*Ex quibus Latinam cardinalis dicitur*, Of which the Latin is cardinally spoken—*Magis debet*, He more ought—*Scribere*, To write—*Quam dicere*, Than to learn—*Si non lectum adire potest*, If he cannot go to bed—*Tamen per literas consilio inserviat*, Nevertheless, he can read all night.

*Miserrima cui semper bene est*, The poorest surgeon is always hearty—*Quando aliis male*, In the season of sore throats.

*Pharmacopæo non est concedenda praxis*, Let no druggist practise—*Quia non intelligit quod pertinet ad genium practicum*, For his want of wit would spoil the trade—*Reformatio pharmacopæorum et moderatio taxæ*, Clever succedaneums, and griping charges—*Summæ necessaria est*, Are the necessaries of life—*Medici est, judicare de ægri conditione*—Take the measure of your patient's foot—*An opus sit*, See that he be opulent—*An vires ferre possunt operationes chirurgicas*, And able to pay for operations—*Mutatio vaga ægrotorum contemnenda est*, Never mind your patient's wandering and changing—*Non facile æger est deserendus*, But stick to him like bird-lime—*In heroicis medicamentis adhibendis apud principes*, Give heroic medicines to Dukes—*Non temere contradicat principi patienti*, Please your best patients as well as you can—*Malum tanto conspectius in se,*

The case is worth attending to—*Quanto major est ille qui ægrotat*, When a major is wounded—*Sint loci communes*, Mind the hotels—*Sint diaria experimentalia practica*, And the newspapers are not usefess in practice.

The Examiner and the whole auditory seemed highly delighted with the translations, and saw very plainly that the Candidate was not so bad a scholar, but had a sort of dry humour of his own. The Examiner, looking pleasantly in his face, and drawing the fore-finger at the same time along the page, stopped it just under two lines, in the form of verses, which had caught his eye. The Candidate without further hint translated them.

Accipe dum dolet—

Post morbum medicus olet—

Take while he is in the fit,—

Or the devil a fee you'll get.

The Examiner seemed particularly amused, and asked him whether there was not a Scotch proverb as good as the Latin one, and as elegant as the translation? The Candidate replied that there was, but he had refrained from giving it, because it was not his own originally, but the saying of an old friend of his now gone.

Tak aye the fee

Whan the tear's i' the ee.

The good humour of every individual was now entirely restored; and the Examiner thought only of turning up some passage of the book which might correspond with some of the theories of the Candidate, who now began to

appear much more respectable in the eyes of all the auditors ; and accordingly, after reminding the Candidate very politely of his singular improvements in sewing up the wounded intestine, he desired him to turn over to the LXXXVII. Chapter, and there he would probably find something that would please him, begging that he would be so good as read it aloud, and translate it, for the amusement of his fellow members. The Candidate, with a gracious wave of his hand, and a sly inclination of his head, as much as to say, " that he knew what he was going about, and how to go about it," read aloud the following passage of Albucaſis.

" *Accipias formicas magnorum capitum. Deinde aggrega duo labia vulneris, et pone formicam unam ex eis quæ habeant os apertum super duo labia vulneris. Cum ergo capit super ea, et stringit os suum, abscinde caput ejus, adhæret enim, et non solvit. Deinde pone formicam aliam prope primam, et non cesses facere illud cum formica post formicam secundum quantitatem vulneris totius. Deinde reduc ipsum, et sue vulnus. Illa enim capita remanent annexa in intestino, donec cibetur intestinum, et sanetur, et non accidat infirmo nocumentum penitus. Et est iste modus futuræ cum formicis et intestino, non est nisi secundam viam fiducia et spei.*"

" *Accipias formicæ magnorum capitum,* Take a quantity of big-headed ants—*Deinde aggrega duo labia vulneris,* Then lay the two lips of the wound nicely together—*Et pone formicam unam ex eis quæ habeant os apertum,* And take up the ant which you observe gaping widest—*Super duo labia vulneris,* Laying it to the two edges of the wound—*Cum*

*ergo capit super ea, et stringit os suum*, And when he bites and clinches his jaws—*Abscinde caput ejus, adberit enim, et non solvit*, Cut off his head, for it will stick and not come away—*Deinde pone formicam aliam prope primam*, Then clap another ant near the first—*Et non cesses facere illud cum formica post formicam*, And so go on fixing ant after ant—*Secundam quantitatem totius vulneris*, Along the whole length of the wound—*Deinde reduc ipsum, et sue vulnus*, And so thrust back the gut, and sew the belly—*Illa enim capita remanent annexa in intestino*, For the heads stick to the gut—*Donec cibetus intestinum*, Till the gut be foldered again—*Et non accidat infirmo nocumentum penitus*, And the sick man is as sound as a bell—*Et est iste modus futuræ cum formicis et intestino, non est nisi secundam viam fiduciæ et spei*, And that is the way of SEWING GUTTS WITH ANTS HEADS a future of good likelihood and promise.”

The Candidate was now passed along to the President at the head of the table, who, in his official capacity, went through the usual ceremony of shaking him by the hand, which is the act of initiation, and, like the mason's grip, is the infallible sign of constant fellow-feeling, brotherhood, and *professional* faith; from whom he was handed, in the true esprit du corps, dancing the boulangée round the table, from hand to hand, till having finished his circle, he was seated next the President with particular marks of distinction.

CONGRATULATION\*.

COLLEGIUM CHIRURGORUM

Literatura et experientia proba institutione et multis peregrinationibus exteris celeberrimus.

I DID, in my first Number, congratulate you upon having among you a member so well able to support the dignity of your science; and now I give you joy of a member whom I have proved to be so deeply interested in maintaining the interests of your trade! one who has combined numbers in its support, by the surest of all bonds! by certain perplexed and indefinable interests, which politicians call *mutual* facilities, and mutual reciprocities; who has demonstrated, that calculations which seemed to defy arithmetic and algebra, “ and the plus and minus which brings

\* I have every reason to believe, from the peculiar merits of the work, and the uncommon industry of my friends, that my first Number is out of print. Whether this be the case, or whether it be that it has fallen a victim to some of the various fatalities which its puny race is exposed to, I am advised by my friends to reprint the most valuable passages of it, and especially those which are necessary to the understanding of this second Number. The PROCLAMATIONS, FABLES, and CONCLUSIONS, are the pieces which I myself admired most, and my friends indeed flattered me upon them not a little. The following Congratulation; addressed to Mr. John Bell, is the pattern after which I have cut the congratulation upon the re-admission of Mr. Benjamin Bell:—

“ *We shall conclude with* congratulating the Royal College of Surgeons  
“ IN Edinburgh, UPON the lustre which this noble display of our author’s

philosophers out of their difficulties \*," may be resolved without jealousies, suspicions, murmurings, or the slightest discontent; who hath demonstrated, that if science requires a head, trade requires only horses and heels; who hath so parcelled out the people, and divided his favours in the house of Gotham, that none need despair of obtaining promotion, association fraternity in his turn, and the blessing of daily bread to keep him strong for labour; who hath demonstrated, moreover, for the comfort of those brethren who are weak in spirit, that if wisdom be required, it is of that kind " which giveth subtilty to the simple, to the young man knowledge and *discretion*."

" learning AND wisdom WILL reflect upon IT. How highly WILL ITS  
 " name be respected abroad! How superior WILL IT appear when com-  
 " pared with the great schools IN other countries! FOREIGNERS will  
 " doubtless conclude, that the *other* members of that body ARE NOT MUCH  
 " INFERIOR IN ANATOMICAL, and more especially in chemical knowledge,  
 " TO OUR ILLUSTRIOUS AUTHOR. He alone has known PROPERLY how to  
 " PRESERVE! and to *keep up!* its dignity! He alone! has known! PROPER-  
 " LY how to APPROPRIATE the discoveries of others. And should any  
 " grumbling INDIVIDUAL dare to complain, he knows! how to *reduce him*  
 " *to silence*, by telling him! that the constitution of the Royal College of  
 " Surgeons gives to every one high privileges in speaking."

\* *Vide* No. I. page 30.

TRUE AND WONDERFUL DISCOVERY

OF A

## UNIVERSAL LANGUAGE.

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“ In many words there is folly.”

IT is well known that there was a time when a great prophet proclaimed a judgment upon this land for the heinous and crying sin of punning ; but of late a more grievous misfortune hath befallen many kingdoms of Europe in the inordinate growth of ideas and words ; whence come murmurings, plotting, and revolutions—new manners, new morals, and new religions—new divinities, and new Sabbaths—new marriages, new burials, new divisions of time, new notions of eternity,—which innovations, all so dangerous to the public weal, proceed plainly from this inordinate growth of words, which have increased, are increasing, and ought to be diminished. For this dangerous and growing evil have I, with infinite diligence, by a sort of philological digestion, distilled from the volumes of my favourite author an infallible cure—as heretofore those who

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loved truly the Spagyric Art—and cleaved unto Paracelsus—“ did extract drugs of singular efficacy from the dung of man and other beasts, spittle, urine, flies, mice, the hooves of goats and asses—and the ashes of an owl’s brain \*.”

In the discovery of a universal language, it were much to be desired that there should be few words, and that these should be expressed by few signs ; in order that the ideas being thus reduced in number, and simply expressed, might become common to all nations.—In this great philosophical speculation no one has excelled our favourite author—nor hath there been any thing, I will venture to say, so perfect as his new language, nor so likely to be of profit to the world, since the day of the confusion of Babel.

The Chinese, who certainly escaped first from that scene of dismay, wandered eastward as far as the Yellow Sea would allow them—and as they travelled along night and day through strange places, with their children on their backs, they made a pact, that no one should utter more than one sound at a time, and that as short as possible—and this act of mere terror in a set of wanderers is the real cause of immeasurable greatness and power of the Chinese Empire.

There was no pillar of fire to guide them, and they travelled on in darkness and silence. The first dismal night they spoke never one word, great nor small ; but, in the morning, they tied their sandals on their feet, and their

\* B. G. a Portus.—Defence of the experiments of Paracelsus.



babes on their backs, and travelled straight onwards. The second day, the women, no longer able to bear the double burden of the children and their own silence, assembled in a great plain—and, while the men finished the small quantity of wine that remained, the women regaled themselves with talking, in which they indulged to such excess, that the wiser and more elderly among them, (reminded by this din of the disaster which had happened no more than two days before), proposed, “that no word should exceed one syllable in length”—and they also agreed (as was most natural in an assembly of women), “that each word should have at least one vowel;” whence the Euphonia, the softness and delicacy of the Chinese, and of all eastern languages.

It is well known that as easily might we teach a man to write without hands as to reason without a reasoning language; and it is plain, from the origin of the Chinese tongue, invented by women, not growing up slowly like other languages, which, as Horace observes, vegetate, and grow, and bud, and flourish, and drop their leaves like trees, but, organized at once! why the Chinese have continued stationary ever since in respect of sciences and arts. No civil wars, no outrages, no murders, no revolutions disturb the vigorous sleep of that mighty empire, which grows and grows, but never changes. The great charm which perpetuates this lethargy is the language, which is monosyllabic;—a man utters syllable after syllable, and word after word, and creeps on with o's, and a's, and oaw's, like cats crawling from tile to tile on the house tops;—he crawls along from syllables to words, from

words to sentences, and, with the help of a few flourishes of his finger in the air to explain his au's—and oaw's—he can speak almost any thing.

This singular construction of the language preserves the Chinese in that composed and orderly state of mind, in that perfect apathy and tranquillity which makes him a right integral part of the empire. The slow, perpetual evacuation of words prevents any fermentation of mind; as well might you expect a squib to blow up a castle, as the ideas of a Chinese to be condensed into any intellectual explosion. The slow enunciation of syllable after syllable, prevents the germination of genius, and checks the fermentation of hot blood and ill humours! In China there is no cursing, swearing, blaspheming, preaching, haranguing, gibing, jeering, quarrelling, assembling, associating, organizing and revolutionizing. This limitation of words hath abridged their ideas; the limitation of ideas hath abridged their intellectual powers; the abridging their intellectual powers hath made them a great people: and this being suddenly achieved by this sole discovery in language, they were as great a people three thousand years ago, as they are at this day.

This is a full and true account of the rise and present greatness of the Chinese empire; and well were it for mankind, if we could as plainly discover how other empires grow little, as how this one hath grown so great.

The author of a system of surgery is Emperor over dominions of his own creating; whose safety and happiness consists in silence and eternal sleep. His chapters are provinces; his operations battles; his theories are the religion of his sub-

jects. Quotations are but petty insurrections, which he enters upon the records of the empire, only because they are subdued. His opinions are the public faith. His seat is high among the barren mountains of Tartary, but his image he setteth up at the gates of the empire, that his subjects may fall down and worship; that they may remember, as they travel through the provinces and highways, that all visible things are but emanations of his wisdom. The language of his dominions is simple as the o's and oaw's of the Chinese Empire; his circumvallations, are solid and extensive as the wall of China; and his ports are for ever shut against all invasions of knowledge.

Our author, born in a barbarous and ignorant age, feeling, like Zenzis-Kan, the superior influence of his own aspiring mind, and not unconscious of the universal empire for which he was destined, began early in life to cultivate philosophy and letters, and to lay sure the foundations of his future greatness. He had remarked how much arts prevail over arms, how a polished people have always subdued the savage hordes by whom they had been conquered. And greatly did he set his heart upon this discovery of a universal language, where a few ideas might be represented by a few easy signs. His younger days, aye, and nights also, did he spend in studying the Categories of Aristotle, and the Universal Philosophy, and Transcendental Metaphysical conceptions of Bishop Wilkins. For well had he considered, "that the right ordering of the transcendentals is a thing of no small difficulty;" and the philology of the Chinese missionaries did he not despise.

Yet wanted he not penetration to discern the fatality both of individuals and of nations, in embarking upon a boundless sea of Predicaments and Generals. He perceived, by an intuitive glance, that there was but one way to universal empire over mind and language. He first observed how much the human faculties might be limited, and ideas abridged, by operating upon language; towards the retrenching ideas, he gathered in the words, tied them up in bunches; the useless ones he threw entirely aside, and preserved only the radicals, and the conjunctives.

It cannot be denied, says Bishop Wilkins, "that a variety of words is an appendage to the curse of Babel, namely, the multitude and variety of languages." This great and universal defect which Wilkins could only lament, hath been entirely done away by our author. His volumes are one continued demonstration of the art of discovering by conjecture—of reasoning without facts—and of writing without words.

There is a sort of enthusiasm which one is apt to be infected with when praising a favourite author; but I declare upon the word of a faithful philologist and critic, I have found no more than thirty words in the eight Octavo Volumes, Radicals, Conjunctives, and all: had I discovered more, I should most assuredly (however derogatory to the abilities of my favourite author) have declared the truth. On the contrary, I will undertake to prove, that any one who will study this author and his style with due diligence, shall be able to write a volume (and that is equiva-

lent to writing eight volumes) with the help of thirty-four words, great and small ; in short, that he shall perform his piece with no greater number of notes than there are of keys in a piano-forte (that is a piano forte of four octaves, with the additional keys), the radicals standing for the *full notes*, and the conjunctives OF—BUT—AND—HOWEVER—IT—IT—for the *semitones*.

One thing is particularly to be remarked, concerning the RADICALS of this short and universal language, That they have a wonderful aptitude to cohere in couples and leashes ; but when you try to run them together into any more intimate connection, you find, to use the metaphor of the French academician, that the materials of your ointment will not mix. You may, indeed, bind them together with couplatives and conjunctives more or less forcible ; but, do what you will, the radicals stick up as fairly as the spikes of an iron rail. You may run your eye along the points of these radicals, and count till you turn giddy, but you can make out no more difference betwixt radical and radical than you could mark in the brass nails which adorn your easy chair.

And there is another thing very remarkable, that, either in analysing this language, or in using it, you have no occasion to be particular in distinguishing NOUNS from ACCIDENTS. This is a mere democracy of words, where all are on a perfect equality ; and most of them Sans-Cullotish. They obey none of the laws of Grammar, neither philosophical nor natural ; but every word stands up for itself. Their congress is not after the manner of the vulgar copula of gram-

marians: they unite by modes peculiar to the language they belong to—tautologically, hyperbolically, reduplicatively—congruously, incongruously, synonymously,—with all unusual and unexpected modes of inflection, connection, contortion, concatenation, amplification, and abbreviation:—There is every thing in their arrangement that can be esteemed pleasing or wonderful: They amuse the eye exceedingly, sometimes running together like quick-silver, and at other times you see them separating like water and oil, notwithstanding the most furious and unremitting agitations and shakings of the operator.

#### RADICAL WORDS.

The radicals, by which the nature, cause, cure, and termination of some formidable disease may be explained, are such as follow:

Induced—incurred—supported—terminated—general nature—particular causes—terminating in terminations—occurring of occurrences—sources of uneasiness—prostration of strength—frequent applications—applications of pressure—productive of advantage—causes of failure—certainty of success—having recourse to operations—remedies put in practice—subsequent symptoms—inclination to aggravate, and tendency to augment—producing changes—obviating accidents—and effectuating ends.—In short, with these radicals only the disease is described, the opera-

tion performed—the affection cured—the operator praised  
—and the whole affair finished—with the help only of a  
few vulgar couplatives, as—the—for—perhaps—however  
—and IT IS.

## BUNCHES OF RADICALS.

INDUCED.—Inducing symptoms—inducing disease—inducing hemorrhagy—inducing fever—inducing suppuration—inducing gangrene—inducing authors—inducing practitioners—inducing others—inducing me—inducing me to observe—inducing accidents—producing accidents  
—PRODUCING DESTRUCTION—PRODUCING DECAY.

TENDING.—Tending to induce—tending to indicate—tending to disease—tending to inflammation—tending to gangrene—tending to increase—tending to decrease—tending to assist—tending to prevent—tending to cure—tending to destroy—tending upwards—tending downwards—tending to open—tending to close—tending to promote—tending to augment—*tending to destroy the interests, &c.*

RECOURSE TO.—Have recourse to bleeding—have recourse to purging—have recourse to vomiting, and have recourse to blisters, and have recourse to glysters,—have recourse to instruments—and have recourse to various instruments—and have recourse to operations—and have recourse to various operations—and have recourse to advice, and have recourse to a surgeon, and have recourse to a *skilful surgeon*—and, have recourse to *every thing that can promote, &c.*

WITH A VIEW TO.—With a view to compressing—with

a view to relieving—with a view to interposing—with a view to uniting—with a view to separating—with a view to preventing—with a view to curing—with a view to accomplishing—with a view to obtaining—with a view to *this*, with a view to *that*—with a view to *every thing*.

BECOMES.—Becomes greater—becomes smaller—becomes painful—becomes easy—becomes smooth—becomes pale—becomes exhausted—becomes indifferent—becomes important—becomes dull—becomes needless—becomes useless—becomes superfluous—becomes soft—becomes easy—becomes *pliant*—becomes—*what you will*.

EFFECTUATE.—To effectuate the obliteration of cavities—to effectuate the evacuation of blood—to effectuate the extirpation of tumours—to effectuate the cure of diseases—to effectuate the reduction of hernias—to effectuate the reposition of bones—to effectuate the destruction of tumours—to effectuate the stoppage of arteries—to effectuate the reunion of fores—to effectuate the purposes of futures—to *effectuate all our purposes*.

VARIOUS.—Various diseases—various facts—various occurrences—various occasions—various kinds—various sorts—various affections—various methods—various operations put in practice, and remedies put in practice, and trials put in practice, and postures put in practice—and methods put in practice—and endeavours put in practice, and various methods and means put in practice—and theories put in practice, and recommendations put in practice—and every *endeavour*, and *contrivance*, and *invention put in practice to accomplish certain ends*.

INCURRED.—The risks incurred, *and the risks incurred*,



*aye, and the risks incurred, and the trouble incurred, and the disadvantages incurred, and the inconveniencies incurred, and the pain incurred, and the dangers incurred—the mischiefs incurred, and the criticisms incurred.*

IN GENERAL.—Diseases in general—symptoms in general—bodies in general—hard bodies in general—foreign bodies in general—hernias in general—buboes in general—collections in general—blood in general—operations in general—hemorrhages in general—evacuations in general—*surgeons in general, and every thing in general.*

PARTICULAR.—Particular inventions, and particular contrivances—particular remedies, and particular operations—particular means, and particular methods—particular positions and particular postures—particular practitioners—particular theories, *particular ideas.*

RENDERED.—Rendered easy—rendered certain—rendered obvious—rendered uncertain—rendered painful—rendered pleasant—rendered unnecessary—*rendered useless.*

DIFFERENT.—Different diseases and different cases—different occasions, and different accidents, and different times—different practitioners, and different surgeons—different remedies, and different cures, and different operations—different writers and different authors—different treatises, and different books—different times and different ways, and different occasions—different modes and different manners—different arguments and different reasons—different bleedings—different tumours, and different collections in different parts of the body, and *different people have written on different parts of my works*—This is probably the divers ways—and divers men of holy writ.

APPLICATION.—Application of heat—application of cold—application of pressure—application of cupping glasses—application of those animals called leeches—application of instruments—application of hands—application of *hands and fingers*—and leeches are advised, and bleeding is advised—and the application of pressure is advised—and practitioners are advised, and in page 140, the *practitioner's thumb is advised*.

HOWEVER.—However it happens—it happens however—it often happens however—it always happens however—it commonly happens however—that *happens* is, as it were, the SHADOW to *however*—for may however, and this however, and that however, and all however—we differ however—the case however—the circumstances however—the different circumstances of cases, however—and authors however—and many, however—and all, however—and *I myself, however*.

OCCURRENCES.—Daily occurrences, and dangerous occurrences,—and uncertain occurrences—and accidental occurrences, and frequent occurrences, and rare occurrences—and various occurrences—and every occurrence, and all occurrences.

The sentences in this mode of writing are *in general rendered perfect* when the *author has recourse* to all these various words for *effectuating* his *different purposes* of explanation—but I am *induced to believe*, that his composition is *most perfect in general*, or *tending to the utmost perfection*, *however*, when this word OCCURRENCE *recurs* most frequently, for we may, from the *frequency* of its *recurrence*, venture to pronounce it to be what Bishop Wilkins calls the

Transcendental, or, as Burke would say, the Lord of the Dominant.

These are the chief radicals, which he who would learn the language must recite with incessant diligence; for though one tosses them down at random, like counters, one is sensible how very nearly the accidental combinations of them approach to the sound at least of a rational discourse, how different the sound is from any thing one has heard before, and how impossible it would be to degrade this language to the tone of ordinary composition.

## EXAMPLE.

“ Thus, it rarely happens, however, that any difficulty is  
“ obtained in occurrences of this kind; for when it occurs,  
“ as no doubt it will do sometimes to the best and most  
“ perfect practitioners, the circumstance is to be treated  
“ like other occurrences of the same general nature;  
“ whence it often happens, by means of the inferior ex-  
“ tremity terminating in it, indeed it by the general appli-  
“ cation of pressure is—terminating fatally may frequently  
“ be guarded against, you may be thereby rendered cer-  
“ tain of success, for the inconveniencies which such oc-  
“ currences are sure sooner or later to induce, &c.”

I have here, for the amusement of my reader, thrown down these radicals at a venture. These glorious constellations of words are like light shining through a vacuum, without any solid body to reflect the rays. They want only a subject to arrange themselves round, to fall into a most harmonic order. Nothing of the acute reasoning or fine wit of the author is perceived in this æ-

cidental grouping of the radicals; there is nothing but the mere sound of the language. Yet even the barren sound will give pleasure to those who have studied the author, and who remember the instruction and amusement which those very words are wont to convey, to hear the very sound is inspiring, and is enough to make a true admirer caper with delight—Ban—ban—Caliban—he be master, I be man,—ban ban.—

#### OF THE COPULA.

Next come we to the COPULA, the PARTICLES which join the RADICALS together; which particles modern grammarians, with more wit, and consequently with less sense and erudition than the ancients, have thought fit to degrade with various unseemly and fantastic comparisons, saying, that they are the Turpentine which helps to mix the oil, wax, and Galbanum of our ointments \*. These particles (say grammarians) are the Pitch, the Lime, the Glue, the Mortar, with which we plaster the radicals, so as to make them cohere. They are the stitches with which we stitch our rags and patches together. They are the Nails, Pegs, Hooks, Bolts, Dove-tails and Rabbittings with which our work is joined. The particles, yet—and—but—and IT—IT—are those in which our author chiefly delights, and the firmness of the nexus, which he makes with the help of those very simple bolts, is inconceivable! this is observable even when he is us-

\* “ Que nous ne faisons la faute que feroit celuy qui calomnieroit un autre pour avoir dit, que un oignement feroit composé de cire & de galbanum, alleguant qu’il auroit obmis à dire le feu & le vase, sans lesquels on ne scauroit mesler lefdites drogues.”

ing radicals which have no natural relation to each other, nor any aptitude to cohere; indeed the less aptitude the radicals have to cohere, the more do we perceive the force and power of the grammarian in joining them.

## EXAMPLE.

“YET—when *one* subject is naturally connected with another, I shall not anywhere attempt to *separate* them!!! AND—when the description of *any* operation can be more easily understood from what I have said *concerning another*, I shall consider them in immediate succession!!! BUT—in other instances, when no *connection* can be *traced* between the *different articles treated*!!! of—NO methodical arrangement can be with advantage attempted\*.”

Perhaps no person has a perfect conception of the stability of our author's manner of joining his words, except myself. He builds stronger than the ship-wright, the carpenter, or the mason. I have tried his CIRCUMVALLATIONS with all kinds of pioneering tools. I have stood a whole day driving my points of admiration and interrogation!!! like chissels into every chink, and have not been able to make a hole big enough to let in my hand. I have made no more impression, by Heavens, than if I had been digging at the rock of Trichinopoly. His circumvallations are not only as I have said, as long as the Chinese wall, but as lofty as the Tower of Babel, and as hard as a Metalliferous Mountain! and I am at last come to a conviction, that there is no other way of making the smallest impression upon them, than by blowing the trumpets seven times round them! as heretofore against Jericho.

\* Preface, page 10.

Poets of genius have often been admired for their happy talent of expressing motion by the rythm and found of their verses, as flying, creeping, rumbling, grumbling, sailing, *riding*! but I do not recollect that I ever saw any representation of a ship *riding* at anchor.

## EXAMPLE.

“ By some we are led to conclude that Polypi are always of a doubtful nature with respect to the *event* or *termination* of them !!! That for the most part they are *even* of a *dangerous nature*, and THEREFORE that we ought to consider every person in whom they occur as in a *hazardous state* !!! whilst others assert, that although they may occasionally be productive of some *inconvenience* !!! Yet that they are very rarely attended with *any kind of risk* —Some, again, are so extremely timid, &c. &c. \*”

Often have I heard it observed, and felt it too, that one is more severely sea-sick, when the ship lies at anchor, than while she is running at the rate of fourteen knots an hour ; but never did I feel the sensation so distinctly in my head, stomach, Hyppochondria and Midriff, so as in reading this passage. But our author does not always bob like a ship's buoy, nor rock like a hobby-horse, in this manner. He often manifests both the speed and wind of a race-horse, indeed I will venture to match him in long breath with any of the heroes who dived for the p-fs p-t in Fleet-ditch. Of this I will venture to deliver one small specimen, chiefly with the design of demonstrating to Mr. Bell junior how easily he may abridge three or four pages into as many

\* Page 98. Vol. IV.

lines, and partly for the sake of trying a few more of my sharp tools, my chissels, my points of admiration !!! for if I can do nothing with them in this last *impetus*, I am resolv- ed that I will leave them buried among the rubbish.

“ I willingly his taste to each allow ;

“ Well, said the dame, I ween who kifs'd her cow.”

“ *It does not appear, therefore, that the causes usually sup- posed to be most productive of carious teeth have much effect !!! nor do we know of any incidental occurrence to which in particular this affection can be attributed: From all the observation I have been able to make upon it, I think we ought rather to consider it as depending for the most part upon some general constitutional cause; upon some tendency in the system to produce a wasting or decay of this particular part. The cause of this again I shall not pretend to explain; but I think it perhaps equally probable that this rotting of the teeth we are now considering, depends upon some general affection of the system, as that pain in the gout ORIGINATES from some general cause. Instances no doubt sometimes happen, of teeth becoming carious evidently from some particular occasional cause, and especially from external violence breaking! or cracking! the enamel. This, however, is not a common occurrence: indeed it is very rarely met with when compared with the frequency of carious teeth; A DISEASE which in most instances begins without any evident cause, and which in general has subsisted for some time before being noticed.*

“ But allowing that the OPINION WE HAVE OFFERED upon this point were admitted, it may be asked, *To what purpose*

" WILL IT TEND ? !!! WILL IT !!! suggest any difference in  
 " the treatment of the *disorder* ? I think IT—WILL !!! As  
 " the pain of the toothach creates much *impatience* !!! and  
 " is with difficulty *submitted to*, IF the affected tooth is cari-  
 " ous, IT IS IN general NOT ONLY the desire of the patient, but  
 " the *earnest advice* OF PRACTITIONERS, to have IT extracted,  
 " as being the most CERTAIN MEANS of *obtaining* relief. In  
 " violent degrees of toothach, when the *other REMEDIES* !!!  
 " usually employed !!! are FOUND TO FAIL, *extraction* of the  
 " diseased tooth OUGHT certainly TO BE *advised* !! and in  
 " *such circumstances* no person can be more *clearly* of THIS  
 " opinion than I *am* !!! but I *am* equally *clear*, that, in com-  
 " mon practice, *this* is carried too far, and *that* many teeth  
 " are PULLED daily which *ought* not to be TOUCHED. In most  
 " *instances*, the pain will be *removed* immediately on the *dis-*  
 " *eased tooth* being *extracted* : but it very commonly happens  
 " that the *relief* thus *obtained* is only temporary, and that the  
 " caries soon FIXES upon some *other tooth*, which in a short  
 " time becomes as much diseased as *the first* ; and *this* being  
 " *likewise removed*, the disorder often proceeds *from one to an-*  
 " *other*, till scarcely any are left !!! I have *met with* VARIOUS  
 " INSTANCES of *this*, where almost the *whole* teeth have been  
 " successively *taken out*, ONE becoming carious soon after the  
 " removal of ANOTHER. NOT !!! *is there even at last* !!! any  
 " advantage gained by THE PRACTICE ; for, after *all the teeth*  
 " *are taken out*, the pain in many cases remains equally se-  
 " vere in the *jaw itself*. (Guillotine him then.)

" The frequent *occurrence* of *cases* !!! (not cases of  
 " teeth) but cases of this kind *tends* much to *establish*  
 " the opinion of carious teeth being often a constitu-  
 " tional disease ; and IT *likewise* suggests the propriety



" OF *less frequent extraction* than *what!!!* in common  
 " practice is found to *prevail!!!* As we can never at first be  
 " certain whether the *disorder depends* upon a *general cause*  
 " of *this nature* or not, it is perhaps right in every case to ex-  
 " tract *the first, and EVEN the second tooth!!!* that becomes af-  
 " fected, *as soon as* the violence of pain renders it necessa-  
 " ry!!! but *whenever* the disposition is so strongly *fixed* in  
 " the habit that a *third* or a *fourth* are *soon* observed to be  
 " diseased, the patient *should be* always *advised* rather to sub-  
 " mit to a good deal of distress *than to* EXTRACT *any more!!!*  
 " and it often *happens*, when he has resolution to submit to  
 " one fit of the toothach, *and to wait* till it is completely  
 " over!!! THAT he never afterwards, in THIS tooth at least,  
 " feels any return of it!!! CASES no doubt *occur!* in which  
 " THIS does NOT SUCCEED!!! but it answers often enough to  
 " warrant the *propriety of giving* IT a *fair TRIAL!* in *perhaps*  
 " every *instance!* Even where it fails, there is no harm done  
 " by the trials!

" And when IT is found to *succeed!*

" The advantage gained by IT is great *indeed!*

" For a considerable time, I adopted the common practice  
 " on this point in *its full extent!* ¶ Every *carious TOOTH!!! at-*  
 " tended with pain I *advised to be pulled!!!* but finding in ge-  
 " neral that no *advantage was derived from it*, the result be-  
 " ing for the *most part!* nearly as I have already *described!!!*  
 " I was hence *induced* to attempt a different method; and  
 " now, after a patient has had tw or three teeth extracted,  
 " if the disease still continues to return, I never *advise* the  
 " practice to be *pushed* farther, UNLESS when the *pain* is so  
 " *very severe* as to RENDER IT absolutely necessary, *which is*  
 " not however often the CASE!!! By avoiding exposure to

“ cold during the *fit*, and by exhibiting doses of laudanum  
 “ proportioned to the degree of pain, the *distress produced* BY  
 “ *it* is at last in general *removed*; and by due attention to  
 “ cleanliness, particularly by frequently washing the mouth  
 “ with cold water, AND, *when practicable*, by! stuffing the  
 “ opening in the carious tooth, so as to prevent the *air from*  
 “ *finding* ACCESS TO IT !!! many have been saved, not only  
 “ from the *pain and distress* of pulling these teeth which be-  
 “ came first affected, but of *losing others*, which in all proba-  
 “ bility would have become carious if the common practice  
 “ *had been followed* of extracting every diseased tooth *as soon*  
 “ *as it becomes* in any degree painful !!!!!

“ *Having* THUS *endeavoured* to *show* that carious or spoil-  
 “ ed teeth are most frequently produced by some GENERAL  
 “ constitutional cause !!! we shall now proceed to consider  
 “ more PARTICULARLY the *means to be employed*, not only for  
 “ preventing, but for removing toothach depending upon  
 “ this *cause* !!! &c\*.”

“ That ever this ——— should have fewer words than a parrot—  
 “ and yet the son of a woman.”

We have proved the importance of this discovery to the  
 learned world; and our author's title to it is beyond dispute.  
 It only remains that we should recommend these precious vo-  
 lumes in the WORDS of our first Number, “ to every intelli-  
 “ gent and aspiring young man, who wishes to be at once a-  
 “ stonished and improved,” for in proportion to his intelligence  
 will his improvement be, “ and there let him contemplate  
 “ and admire, and gather, and adorn his brows with the most  
 “ fragrant roses of science, and satiate his appetites with its

\* *Vide* Benjamin Bell's System of Surgery, Vol. IV. p. 257.

“ most delicious sweets \* ;” only let him beware not to eat too freely of the RADICALS, the insane root which takes the reason captive, for the derangement of ideas which might follow, is not to be risked. By exceeding he might come at last to rave about, “ adorning his brows,” and “ roses of science,” and “ delicious sweats.”

It is well known, that in the great fire of London the book of Bishop Wilkins on Universal Language was all burned in the printing office, to the great grief of that right reverend prelate ; and it is equally well known, how on that occasion the hall of the Royal Society was hung with black baize. Should any accident befall those books of yours which we have revised so carefully, there is much reason to believe that the Royal College of Surgeons would put an Escutcheon on their hall, with the duck's heads, sculls, hour glasses, and other emblems of mortality ; the members would march in procession long and mournful, to see your works quietly inurned in the gloomy vault of the Capulets—and the undertakers, whose business it is to mourn, albeit they have no feeling of their trade, would not, on this occasion, be insensible to the general grief.

\* *Vide* No. I. page 66.

## CONCLUSION.

*Addressed to Benjamin Bell, Esquire, Fellow of the Royal College of Surgeons.*

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Go not forth hastily to strive lest thou know not what to do in the end thereof—when thy neighbour hath put thee to shame.

My task is done. What must you feel, when I myself turn from it with disgust. To you, whose conscience is not easily moved, I will yet address a few words more, and perhaps those things which have hitherto offended your ear only, may sink a little deeper. The apologies which I owe, I owe to the public, not to you. I lament the language I have been sometimes betrayed into; indeed I might have chosen the least offensive, for none could have expressed the contempt which your sentiments, your conduct, and your writings have inspired.

Without the learning of a scholar, or the far nobler privilege of a genius, you found writing necessary to your success; you have taught your profession, without learning it; you have snatched at a kind of fame, which you have not abilities to support; you have seized a moment when there was no respectable book in surgery! and have supplied the want with such compilations as have been coldly received for lack of better; you have made writing a sort of handicraft; and our science, ever honoured till now, you

have converted into a trade; you have succeeded beyond what almost any man could desire, and far beyond what you can deserve; for these many years you have enjoyed the greatest of all blessings, the respect of your fellow citizens; they have bestowed it so freely, that if you ever lose their good opinion, you must be supremely unworthy,—and supremely unhappy, if unhappiness of this kind can reach an unfeeling heart.

God forbid that I should misconstrue your actions. I am almost afraid at what I have said. He is a bad man who thinks thus of another without reluctance. Yet there is in some men a curious and anxious obliquity of conduct, which, like the gliding of the serpent, leads the eye along through all the wily mazes. Your advertisements—your prefaces—your politics—your books—your combinations in trade—your rapacious pursuit of fortune, proclaim a mind inspired by no love of science, warmed by no generous feeling towards younger men struggling for life among the waters.

In one thing only am I deceived. I would once have described you in the words of our Arch-Traitor Logan, “A man who would never help his friend, nor hurt his foe;” but the assassin has concealed his name, and saved your reputation.

If these books, which I have severely reviewed, be really useful, well composed, full of the true doctrines of surgery, my criticisms will be disregarded—and every arrow I have drawn against you will drop harmless. But there is a kind of criticism from which no book is safe; if I have been guilty of injustice, I should be sorry for it.—I

am indeed sorry that you and I are not on more equal terms.—Should my name ever become equal to yours, I shall not fail to disclose it ; but to declare it now would only add one pang more to those you have already suffered, I mean the cruel reflection of having been rudely criticised by one far beneath your notice ;—to you this blazon would bring no comfort ;—and I have on my part so little to lose, that the disclosing my name could not even be received as a token of courage.

I have but given you page for page—fable for fable—proclamation for proclamation,—and yet I fear that nothing would wipe out the stain of having written an anonymous pamphlet.—A thirst for revenge would but aggravate the offence which sensibility for an injured friend could hardly palliate.



Farewell.

